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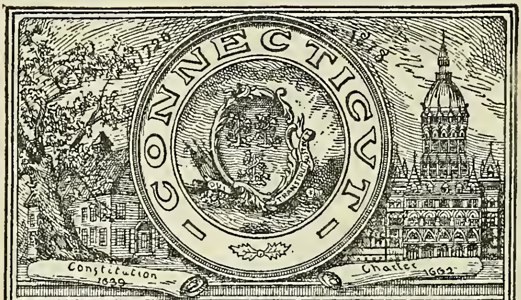

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Health Bulletin

Issued Monthly by
The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

JANUARY, 1918

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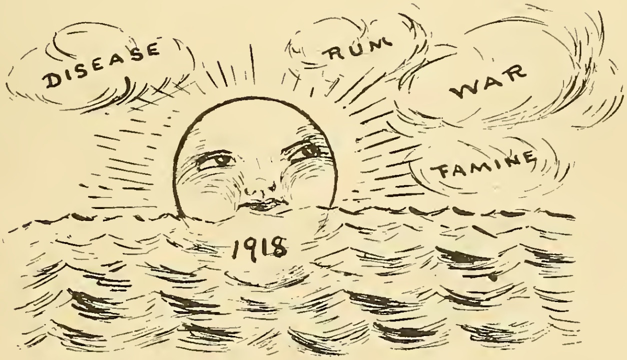

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VOL. XXXII HARTFORD, JANUARY 20, 1918 No. 1

THE VENEREAL DISEASE MENACE

The venereal disease problem would have soon demanded serious consideration even though war had not precipitated action. To those familiar with the ravages of venereal disease the menace to the nation is even greater than that of war.

Asylums and hospitals are crowded with victims, and thousands of innocent women and children are suffering from the terrible effects of these maladies.

Psychological influences in wartime intensify the danger. Prompt and energetic action is demanded.

Connecticut has responded promptly. The Council of Defense has adopted resolutions urging the enforcement of laws against immorality — supporting the department of health in its efforts to control venereal disease and encouraging the establishment of shelters for the care and treatment of the afflicted.

Many states have found it necessary to enact laws to meet the situation; but Connecticut has sufficient law for every purpose. Active enforcement of these laws may be anticipated.

282468

SOCIAL HYGIENE AND THE WAR

FRANKLIN MARTIN, M.D.
Member Council National Defense

Some one has said this war is now being fought by the European nations with the salvage from the battle lines. This is probably literally true in the sense that medical science is promptly repairing and returning to the trenches enormous numbers of men who in previous wars would have been permanently retired. It has also been said that if we do not succeed in reducing the number of derelicts from this world war to the lowest terms the civil life of the nations will be wrecked after peace has been declared. This again is literally true because the exhausted nations will be able to carry only a limited load of non-producers. There is a third statement which may be made—that America's influence on the outcome of the war will depend largely on the physical efficiency of her men both abroad and at home in her shops and fields. Summed up in terms of medical administration these mean a competent medical service for the military forces, adequate provision for the rehabilitation or re-education of the crippled, and protection for the health of the civil population.

These are problems for the physician and the sanitarian. If success is to be achieved they must recognize that there are enemies behind as well as in front of the army. The triple alliance of alcohol, prostitution, and venereal diseases is one of the most dangerous of these enemies behind the lines. A soldier in the hospital with syphilis and one there because of a battle wound are both out of the fighting and a drain on the nation's resources, but the former is the more serious loss because his illness was preventable and his acquiring of it did not register a blow against the enemy before he fell. Furthermore he may become a carrier of his disease to many others in the course of years and be a lifelong burden to society.

The man who through ignorance and the temptations of commercialized prostitution becomes infected with venereal disease before he reaches the front, is a challenge to our effectiveness and sincerity in preparing for this war; the man who knowingly exposes himself to infection has failed in his duty as a soldier; the woman who yields to illicit sex relations is not as loyal to her country as we have a right to expect her to be. This is not a time for temporizing with abstract morals, nor on the other hand with conditions of immorality. Secretary of War Baker has well said, "Our responsibility in this matter is not open to question. We cannot allow these young men most of whom will have been drafted to service, to be surrounded by a vicious and demoralizing environment, nor can we leave anything undone which will protect them from unhealthy influence, and crude forms of temptation."

It is the business of the nation to help win this war. "From the standpoint of our duty and our determination to create an efficient army, we are bound, as a military necessity, to do everything in our power to promote the health and conserve the vitality of the men in the training camps," and to continue in Europe successful activities of this character during the period for which the men will be abroad. The General Medical Board has recognized from the beginning that the control of the venereal diseases constitutes one of the serious problems of the war.

ARMY AND NAVY OPINIONS

The Secretary of the Navy:

"The Secretary desires to call the attention of all commanding officers to the subject of the prevalence of venereal disease. . . ., the methods employed in dealing with these diseases, and especially to arouse renewed interest and activity in educational prophylaxis in this connection to the end that no man shall be subject to the loss of health and efficiency through ignorance of the serious and sometimes fatal results that come to those so contaminated, and to all connected with him."

The War Department:

"During the present war there is for the first time the opportunity to secure full co-operation between military and civil forces in applying the medical, social, moral, and economic knowledge which has been demonstrated to have a bearing on the repression of prostitution and the reduction of the prevalence of venereal diseases."

LETTER OF THE GENERAL MEDICAL BOARD

To the State Committees of the Medical Section, Council of National Defense:

During the present war there is for the first time an opportunity to secure full co-operation between military and civil forces in applying the medical, social, moral and economic knowledge which has been demonstrated to have a bearing on combating the venereal diseases. Public opinion will now support a sound program which on the one hand recognizes these diseases as dangerous and communicable, and on the other zealously safeguards the moral standards that society has built up.

This program is directed first toward the environment to remove so far as possible opportunities and temptations for sexual license and to substitute attractive recreation and social acquaintance of men with women and girls under home influences. It is directed secondly toward individuals both in military and civil life to secure through education and appeal to loyalty their self-control and guidance of others. It is directed lastly toward minimizing the disease and misery resulting from failures along the first two lines of effort, through the establishment of advisory and treatment facilities for venereal diseases, provision for the care and protection of illegitimate children and their mothers, and the rehabilitation or control of women who practice prostitution, and the discipline of men who contribute to the delinquency of girls and women. Leadership in law, medicine and ethics is essential in every community which proposes to co-operate with the Government in carrying out this program.

The medical aspect of combating the venereal diseases is clear and the measures to be adopted are practicable. Syphilis and gonorrhoea must be dealt with on the same basis as that for other communicable diseases. This means that infected persons must be reported to the health authorities, and must be so instructed and controlled that they will not infect others. When ways and means are devised to meet these cardinal requirements, all the other essentials for combating the venereal diseases can be readily provided. The reporting of these diseases does not necessitate declaring the name of a patient if the physician is willing to assume full responsibility for proper treatment and the protection of the public.

In cases where the physician will not take this responsibility the health officer must exercise supervision, but the public need not know the identity of the individuals thus controlled.

In order that the physician and health officer may properly perform their duty, they must be clothed with authority and equipped with proper facilities. The authority required is a law or ordinance making syphilis and gonorrhoea reportable; the facilities required cover laboratory diagnosis, salvarsan and other drugs; ambulatory and hospital treatment and clerical and follow-up service to ensure continuous treatment and the obedience to instructions for protection of the associates of the patient. Since a large percentage of those infected cannot pay for treatment or will not readily consult a private physician, free diagnosis and advice, public dispensaries, and follow-up service by health departments are necessary.

The General Medical Board of the Council of National Defense believes the combating of venereal diseases to be one of the most important medical problems of the war, and it has, therefore, devoted time and effort to aiding the Government in outlining the policy which has been adopted. It now directs its Committee on State Activities to inaugurate a vigorous campaign for the reporting of these diseases and for their proper treatment. Its Subcommittee on Venereal Diseases is charged with the working out of administrative details for placing the comprehensive program in operation. The active co-operation of your State and County Committees is sought.

WAR PRICES DEPRIVING BABIES OF MILK

Decreases reported from New York and Chicago and New England cities in the amount of milk now being consumed by families with young children have led the Federal Children's Bureau to emphasize its imperative necessity in the diet of babies and young children.

Dr. Grace L. Meigs, the Director of the Bureau's Child Hygiene Division, in commenting on the danger of such a decrease in the health of children to-day, said, "Milk is the one food that all young children must have if they are to be strong and healthy. Whole milk is rich in the elements without which the child's growth ceases and his health is impaired; indeed there is no food which can supply as well the needs of the growing child.

"There is no substitute for milk in the diet of babies and young children. Yet the increase in its price is so startling that, as the reports the Bureau receives show, many mothers are economizing on milk. Young children cannot get the nourishment they require from the would-be milk substitutes given them. Patent foods which do not themselves contain milk and are not intended to be mixed with milk are so lacking in the essentials of healthy development that we must expect children fed on them instead of on milk to be weakly and ailing. Plainly very great harm is done young children by giving them tea and coffee to take the place of milk which is really a complete food; it is giving them mere stimulants to replace their best food."

In New Haven, Bridgeport and other Connecticut towns, milk delivered at the station is sold wholesale at eight cents a quart. It retails as high as fifteen cents a quart. In Waterbury, when the price was raised from twelve to fifteen cents a quart the sale was so greatly reduced that the price has been dropped back to fourteen cents.

VALUE OF DAILY REPORTS

It seems incredible that for so many years the State Department of Health had no official knowledge of what diseases were occurring throughout the state until the monthly report of each health officer had been received. Even then the statistics were most meager—simply the number of each case reported. Age, sex, occupation, probable source of infection—the very basis of useful morbidity statistics—were not obtained.

Full daily reports will not only inform this department of the daily incidence of each communicable disease and furnish valuable data for statistical purposes, but they will also enable the state department to keep health officers informed of the prevalence of certain diseases in nearby towns. No doubt this will prove of great value in the further control of preventable diseases.

On a par with the former scant morbidity report is the lack of uniform methods employed by health officers in the discharge of their duties. It is not rare to find adjoining towns managing a similar communicable disease in a widely different manner. Perhaps this is not to be wondered at when one considers that ninety-five per cent of our health officers devote only part of their time to health work, and that there has been no central supervision. As a result, they have been prone to establish their own standard.

Chapter one of the new Sanitary Code, which should be ready for distribution some time in February. gives definite methods of control of all reportable diseases. This too, should prove of value to every health officer and to very individual within his jurisdiction.

THE SANITARY CODE

The proposed sanitary code will soon be ready to submit to the health officers for their consideration. This code has been drawn with the idea of introducing uniform methods for the reporting and control of communicable diseases throughout the state, and to particularly define the methods of operation in detail, which will enable the health officer to more easily carry on his work.

A few new features have been added but nothing radical nor drastic is proposed. It is hoped that every health officer will carefully peruse the galley-proof which will be sent out at an early date and not hesitate to make such suggestions or criticisms as he sees fit.

A conference of the health officers of the state will be called for Friday, February 15th, at the Hunt Memorial in Hartford for the purpose of final consideration.

THE HEALTH OF THE SOLDIER BOY

DECEMBER, 1917

Compared with Statistics of the State of Connecticut

Military statistics from The Surgeon General's Report for the month ending Dec. 28
State Statistics from the Department of Health report for December.

	Regular Army	Nat'l Guard All Camps	Nat'l Army All Camps	Camp Devens Ayer, Mass.	Amer. Exp. Forces Abroad	Conn. State
Pneumonia	11.46	44.8	31.06	5.25	32.55	*8.8
Dysentery	0.93	0.1	0.1	0.0	1.15	*0.0
Venereal	80.2	44.8	69.43	43.13	84.85	**7.4
Para-typhoid	0.0	0.0	0.0	0.0	0.0	0.0
Typhoid	0.26	0.0	0.03	0.0	0.15	.3
Measles	52.56	115.73	220.93	58.13	39.4	5.9
Meningitis	0.5	63.83	7.43	0.96	5.25	.03
Scarlet-fever	3.86	3.73	9.56	0.48	7.55	1.4

* Not reportable—Estimated from reported deaths.

** Incomplete reports—Rate estimated on adult male population.

COMMUNICABLE DISEASES—December, 1917

CITIES AND TOWNS	Estimated by Ratio School & U. S. Census 1917	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Diseases See opp. page
STATE TOTAL	**1,410,665**	**39**	**699**	**175**	**290**	**284**	**4**	....	**134**	....	**57**
NEW HAVEN CO.											
New Haven	161,817	4	45	6	43	22	....	....	18	....	....
Waterbury	101,660	14	1	9	3	10	....	....	8	....	....
Meriden (city & town)	31,940	....	31	2	7	20	....	....	6	....	....
Ansonia	17,581	....	....	....	....	5	....	....	3	....	O
Orange (including West Haven)	16,561	....	5	1	....	6	....	....	2	....	....
Naugatuck	13,671	....	....	....	....	1	....	....	....	....	....
Wallingford (town & boro)	11,856	....	66	1	....	12	....	....	....	....	....
Milford	10,403	1	19	....	17	....	....	....	....	....	....
Derby	10,079	....	....	....	....	3	....	....	1	....	....
Hamden	9,301	....	10	....	....	5	....	....	1	....	....
Branford (town & boro)	7,172	....	17	....	6	2	....	....	....	....	G
Seymour	6,391	....	....	....	14	....	....	....	....	....	....
Towns under 5,000	23,549	....	9	2	....	1	....	....	3	....	....
FAIRFIELD CO.											
Bridgeport	152,524	2	21	12	4	32	....	....	15	....	G. V
Stamford (city & town)	40,734	2	138	6	4	12	....	....	2	....	C
Norwalk	28,660	1	....	....	....	6	....	....	1	....	A
Danbury (city & town)	24,053	1	2	3	....	1	....	....	2	....	....
Greenwich (town & boro)	18,656	....	140	8	3	2	....	....	3	....	....
Stratford	12,945	1	....	....	18	3	....	....	1	....	....
Fairfield	11,915	....	....	....	3	3	....	....	2	....	C
Shelton	8,573	....	++	....	....	4	....	....	2	....	....
Darien	8,198	....	8	3	....	3	....	....	....	....	G
Westport	5,337	....	....	....	....	....	....	....	1	....	....
Towns under 5,000	26,584	....	62	....	....	1	....	....	1	....	....
HARTFORD CO.											
Hartford	129,353	5	17	37	33	35	3	....	17	....	G. S.
New Britain	58,440	....	10	11	2	7	....	....	11	....	C. M
Bristol (city & town)	19,771	....	2	8	3	2	....	....	2	....	....
Manchester	16 ,836	....	....	....	20	....	....	....	5	....	S
Enfield	11,847	....	6	....	....	1	....	....	....	....	....
East Hartford	10,878	....	1	1	....	2	....	....	....	....	....
Southington (town & boro)	9,312	....	2	4	5	....	....	....	....	....	....
West Hartford	7,440	....	4	3	1	1	....	....	....	....	....
Windsor	6,573	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,302	....	1	6	++	1	....	....	....	....	....
Berlin	5,409	....	....	2	....	....	....	....	1	....	....
Towns under 5,000	47,988	1	3	11	25+	3	1	....	2	....	....
NEW LONDON CO.											
Norwich (city & town)	29,320	....	1	1	....	1	....	....	2	....	....
New London	25,648	1	1	4	5	16	....	....	2	....	....
Stonington (town & boro)	10,667	....	1	3	....	8	....	....	....	....	....
Groton (town & boro)	7,241	....	1	3	8	....	....	....	....	....	O
Towns under 5,000	29,600	2	11	2	11	6	....	....	7	....	....
LITCHFIELD CO.											
Torrington (town & boro)	21,436	....	....	3	....	5	....	....	....	....	....
Winchester (including Winsted)	9,910	....	....	....	....	1	....	....	1	....	....
Plymouth	7,185	....	....	....	++	....	....	....	....	....	....
Watertown	6,136	....	....	1	....	1	....	....	....	....	....
New Milford	5,229	....	....	2	....	....	....	....	....	....	....
Towns under 5,000	31,992	....	....	....	4	6	....	....	1	....	....
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	1	....	....	1	5	....	....	3	....	....
Putnam (city & town)	8,349	....	....	....	....	....	....	....	....	....	....
Plainfield	8,259	....	1	1	+	3	....	....	2	....	C
Killingly (including Danielson)	7,516	....	....	3	....	....	....	....	2	....	....
Towns under 5,000	15,543	1	....	1	16	1	....	....	1	....	....
MIDDLESEX CO.											
Middletown (city & town)	26,931	1	3	4	27	16	....	....	2	....	G. S.
Towns under 5,000	26,862	....	70+	11	2	7	....	....	1	....	....
TOLLAND CO.											
Vernon (including Rockville)	8,825	....	....	....	....	1	....	....	....	....	....
Stafford (town & boro)	6,242	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	28,348	1	....	....	5	1	....	....	....	....	....

MORBIDITY RATES

December, 1917

RATES BY COUNTIES Representing an annual rate per 10,000 population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Venereal Diseases
State	3.3	59.4	14.8	24.6	24.1	.3	.....	11.3	.....	1.7
New Haven	5.4	548	5.9	25.5	24.7	.....	.....	11.9	.....	.2
Fairfield	2.4	96.1	11.3	11.3	23.7	.....	.....	10.6	.....	1.0
Hartford	2.1	16.7	30.1	32.3	18.8	1.4	.....	13.3	.....	2.1
New London	3.5	17.5	15.2	28.1	36.3	.....	.....	11.9	.....	4.6
Litchfield	.....	.....	8.7	5.8	19.0	.....	.....	2.9	.....	.....
Windham	4.4	2.2	11.1	37.8	20.0	.....	.....	17.7	.....	.....
Middlesex	2.2	162.4	33.4	64.6	51.3	.....	.....	6.6	.....	15.6
Tolland	4.2	.....	.....	21.1	8.4	.....	.....	.....	.....	.....

DISEASES NOT TABULATED

December, 1917

(A)	**Anthrax**
Norwalk	1

(C)	**Chickenpox**
Chester	1
Fairfield	2
Hebron	2
New Britain	4
Plainfield	+
Stamford	13
Wolcott	5

(V)	**Smallpox**
Bridgeport	1

(M)	**Mumps**
Bethany	1
New Britain	1

(O)	**Ophthalmia**
Ansonia	1
Groton	1
Plainfield	1

(X)	**Septic Throat**
Voluntown	2
Woodbury	1

(G)	**Gonorrhoea**
Branford	1
Bridgeport	2
Darien	1
Essex	1
Hartford	2
Middletown	1
Simsbury	1
Voluntown	3

(S)	**Syphilis**
Hartford	1
Manchester	2
Middletown	5
Montville	1

MORTALITY SUMMARY—DECEMBER

Total Deaths for December..........1610 Death Rate........	13.6
Average death rate for December last five years...............	15.8
Annual death rate 1916....................................	16.3
Deaths from communicable diseases..........................	227
Percent of total deaths...................................	14.0
Deaths under one year 252. Rate per thousand births.........	84

Detail report next page

DEATHS REPORTED TO THE STATE DEPARTMENT

ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated by School Census Ratio to U. S. Census	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, Dec. 1916.	Deaths by Ages.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut	1,410,665	3026	123	1255	1610	13.6	17.8	252	109	486
2	Ansonia,	17,581	51	1	8	28	19.1	13.7	5	6	6
3	Berlin	5,409	6	1	2	4	6.6	12.3	...	....	3
4	Branford,	7,172	9	...	6	5	5.0	11.5	...	....	2
5	Bridgeport,	152,524	410	22	205	148	11.4	19.9	29	12	30
6	Bristol,	19,771	52	2	17	17	9.1	10.6	5	1	3
7	Danbury,	24,053	43	...	15	32	12.9	10.6	2	....	11
8	Darien	8,198	9	...	3	6	4.3	10.8	...	....	5
9	Derby,	10,079	36	2	14	18	16.6	11.2	2	....	2
10	East Hartford,	10,878	17	...	3	3	3.3	9.1	1	....	1
11	Enfield,	11,847	22	2	19	12	11.1	12.4	1	3	4
12	Fairfield,	11,915	23	2	10	14	12.0	20.2	2	1	2
13	Glastonbury	6,302	7	1	3	4	7.6	11.7	...	....	3
14	Greenwich,	18,656	39	1	26	33	19.9	14.4	4	5	14
15	Groton,	7,241	13	1	9	10	16.5	10.5	...	....	5
16	Hamden,	9,301	14	1	6	9	10.3	21.8	1	....	5
17	Hartford,	129,353	355	21	142	212	15.9	18.5	32	17	57
18	Killingly,	7,516	11	...	11	9	14.3	22.4	2	....	4
19	Manchester,	16,836	35	3	9	17	12.1	11.6	2	2	7
20	Meriden,	31,940	97	1	21	37	12.0	13.3	6	3	11
21	Middletown,	26,931	43	4	12	48	10.2	11.6	2	3	17
22	Milford,	10,403	12	...	9	9	10.3	15.2	1	....	5
23	Naugatuck,	13,671	20	...	20	18	15.7	16.2	3	1	6
24	New Britain,	58,440	175	3	46	52	9.8	15.2	17	3	7
25	New Haven,	161,817	423	16	161	228	16.1	17.1	45	17	54
26	New London,	25,648	51	1	35	29	12.1	20.0	5	2	6
27	New Milford,	5,229	7	...	8	4	9.3	14.0	1	....	2
28	Norwalk,	28,660	55	3	25	38	15.9	19.2	3	1	15
29	Norwich,	29,320	60	1	27	44	13.0	13.8	1	2	15
30	Orange,	16,561	31	1	3	16	11.5	12.1	2	1	2
31	Plainfield,	8,259	17	...	7	8	10.1	10.6	...	1	4
32	Plymouth,	7,185	5	...	4	3	5.0	13.2	...	....	2
33	Putnam,	8,349	18	...	10	11	11.4	18.2	...	1	8
34	Seymour,	6,391	24	1	1	4	7.5	10.8	2	1	1
35	Shelton,	8,573	13	1	6	11	9.7	8.4	2	1	2
36	Southington,	9,312	15	1	7	12	15.4	23.1	1	3	6
37	Stafford,	6,242	11	...	5	6	11.5	6.2	...	....	3
38	Stamford,	40,734	79	4	42	42	10.6	13.0	9	4	9
39	Stonington,	10,667	26	1	11	11	12.3	7.5	4	1	3
40	Stratford,	12,945	27	...	6	12	9.2	22.4	3	1	5
41	Torrington	21,436	62	1	13	12	6.1	14.1	4	1	3
42	Vernon,	8,825	19	2	11	10	13.5	13.9	1	....	5
43	Wallingford,	11,856	18	...	2	11	11.1	7.7	2	5	1
44	Waterbury,	101,660	237	6	102	90	10.1	13.8	14	4	20
45	Watertown	6,136	8	...	3	5	9.7	25.1	3	....	2
46	West Hartford,	7,440	12	3	3	6	9.6	16.6	1	....	3
47	Westport,	5,337	6	...	2	5	11.2	32.6	1	....	2
48	Winchester,	9,910	17	...	8	13	12.1	18.2	2	....	8
49	Windham,	14,178	26	1	8	19	14.3	11.9	2	1	5
50	Windsor,	6,573	6	...	4	5	9.1	23.9	...	....	3
	Total of above towns,	1,195,260	2772	111	1130	1400	14.0	18.0	225	104	399
	Towns of less than 5,000,	215,405	254	12	125	210	11.6	16.4	27	5	87

Non-resident deaths in public institutions are not included in the death rates of the towns.

OF HEALTH FOR THE MONTH OF DECEMBER, 1917

FOR NOVEMBER, 1917

Deaths from Important Causes.															External Causes.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
11	. .	. .	6	2	17	30	25	132	25	84	4	. .	208	13	103	9	2	445	177	1
					2	1		4					4		3	1				2
										1									1	3
															3				2	4
						1	2	13	6	5			16	3	12		1	52	2	5
										2			4			1			2	6
								3							6			14	6	7
													1					3	3	8
								2	1				4		1			5	4	9
										1										10
1			1		1			1		1			1		2				1	11
						2		3		2					3				2	12
													1							13
							1	2		1			3		1	1		5	2	14
										2										15
								1					1		1				1	16
2				1	2	3	4	16	1	9	3		26	2	9	1		115	40	17
								1		2										18
					2					2			3		2	1				19
			2		2	3	1	6		4			1	1	1			10	5	20
				1		2	2	3		3			10		1			29	25	21
1							1			2					2					22
								1	1	1			1	1	2					23
					3	1	3	5	1				4		5	1		13	4	24
			2		1		1	11	6	12	1		38		16	1	1	82	10	25
			1				1	3		1			5	3	2			9	3	26
										1										27
						2	1	1	1	2			8		2			5		28
1							1	9		4			5		4			18	12	29
								4	1	1			3							30
										1			2						1	31
								1												32
						1							1					1	3	33
						1							2							34
						1		4							1			4	4	35
					2								2			1				36
										1			1					3		37
						3	1	1	1	2			5		5			14	6	38
						1		1							1					39
								1					2						2	40
													6					3	1	41
								1					1							42
						4		1						1						43
4					1	2	1	9		5			13		5	1		28	4	44
																				45
																				46
										1								1		47
							1			1			2					3	3	48
								2	1	2			3		1			4	2	49
										1			1							50
9	. .	. .	6	2	16	28	21	110	20	73	4	. .	179	11	92	9	2	421	151	
2	. .	. .	. . .	. . .	1	2	4	22	5	11	. . .	. .	29	2	11	. . .	. .	24	26	

LABORATORY REPORT—DECEMBER

C. J. Bartlett, M. D., Director.

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	169	930	2	1,101
Diphtheria, release	229	133	....	362
Tuberculosis	17	88	...	105
Typhoid	7	19	...	26
Syphilis	87	214	29	330
Gonococcus	...	43	...	43
Rabies	5	2	...	7
Glanders	10	...	6	16
Miscellaneous	6	...	...	6
Milk samples examined (from 8 towns)				69
Water samples analyzed				12
Total Laboratory operations during December				2,077

MONTHLY METEOROLOGICAL SUMMARY
Hartford, Connecticut, for December, 1917

MONTHLY SUNSHINE RECORD

Number of hours actual sunshine, 158.5 Number of hours possible, 284.5

Percentage of possible sunshine, 56

WEATHER

Number of days, clear	14
Partly cloudy	6
Cloudy	11
On which .01 inch, or more, occurred	7

Total Precipitation this month in

1906-3.83	1907-4.70	1908-3.36	1909-2.83
1910-1.93	1911-3.36	1912-4.46	1913-3.59
1914-3.85	1915-4.78	1916-2.99	1917-3.22

PRECIPITATION

Total this month	3.22
Total snowfall	13.7
Greatest precipitation in 24 hours, date 13-14th	1.40
Snow on ground end of month	5.7
Normal for this month	3.57
Deficiency of this month as compared with the normal	0.35
Accumulated deficiency since Jan. 1.	3.79

ATMOSPHERIC PRESSURE

(Reduced to sea level; inches and hundredths)

Mean....30.22; highest 30.81.....date 17th

Lowest.................. 29.13 date 14th

TEMPERATURE

Highest, 43, date 5th; lowest —18; ..date 30th

Greatest daily range 29...........date 28th

Least daily range 6; .... date 10th

Mean highest....28.4: lowest......13.4

Mean for this Month in

1906-27	1907-34	1908-32	1909-28
1910-25	1911-36	1912-36	1913-36
1914-28	1915-30	1916-31	1917-21

Mean for this month	20.9
Normal for this month	29.8
Absolute maximum for this month for 14 years	67.
Absolute minimum for this month for 14 years	18.
Average daily deficiency this month as compared with normal	8.9
Accumulated deficiency since Jan. 1	483.
Average daily deficiency since Jan. 1.	1.3

WIND

Prevailing direction	N.
Total movement	6,013 miles
Average hourly velocity	8.1

Maximum velocity (in five minutes) 32 miles per hour, from S. W. on 9th

U. S. Department of Agriculture Weather Bureau.
WILLIAM W. NEIFERT, METEOROLOGIST

Hysteria?

Before passing judgment consider carefully the following

—— FACTS ——

Venereal Disease

IS the most prevalent of all diseases except measles

IS responsible for 6,000 of the blind in the United States

IS the cause of 75% of surgical operations on female pelvis

IS the cause of 20% of the insanity

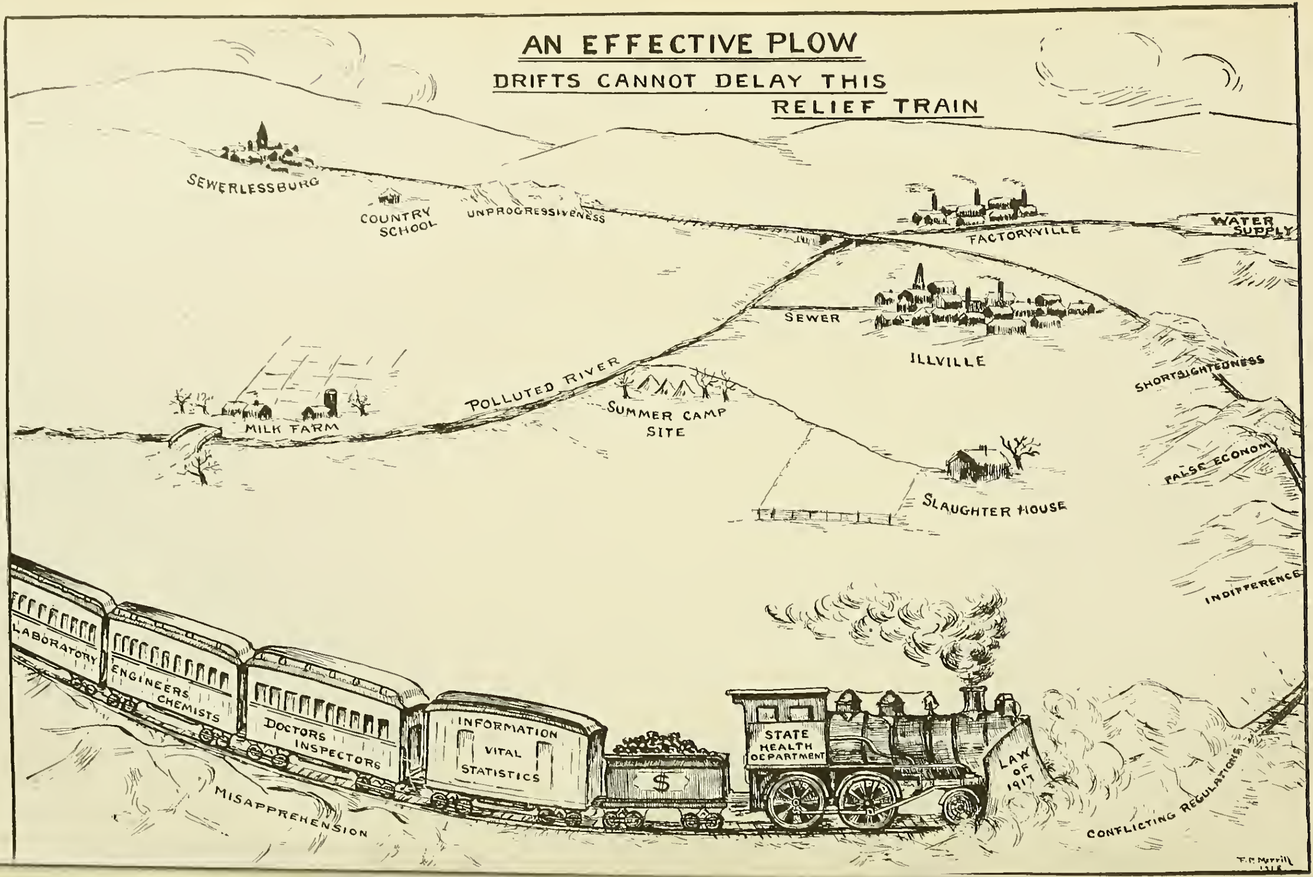
IS the cause of nearly half of the miscarriages

IS the principal cause of locomotor ataxia

IS the frequent cause of many other diseases — rheumatism, apoplexy, etc.

All previous war experience shows an increase of venereal disease and when war is over there is the danger of widespread dissemination of these diseases.

Concerted effort to alleviate these conditions is WHAT?



AN EFFECTIVE PLOW
DRIFTS CANNOT DELAY THIS RELIEF TRAIN

HYGIENIC LABORATORY
WASHINGTON.

15 S 19

Connecticut Health Bulletin

Issued Monthly by
The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

FEBRUARY, 1918

IF

THE PEOPLE OF CONNECTICUT

WOULD CONTRIBUTE

ONE CENT

A MONTH

ONE THOUSAND BABIES

THAT NOW DIE EACH YEAR

FROM NEGLECT

COULD BE SAVED

SEE PAGE 3

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

COMMISSIONER

JOHN T. BLACK, M. D.

Director — Bureau of Vital Statistics	The Commissioner
Director — Bureau of Laboratories	C. J. Bartlett. M. D.
Director — Bureau of Preventable Diseases	T. Eben Reeks, M. D.
Director — Bureau of Sanitary Engineering	J. Fredk. Jackson, C.E.

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THE COMMISSIONER OF HEALTH
STATE CAPITOL
HARTFORD

Telephone—Charter 577

CONNECTICUT HEALTH BULLETIN

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VOL. XXXII HARTFORD, FEBRUARY 20, 1918 No. 2

ONE THOUSAND BABIES

War is daily impressing upon us the value of human life and the immediate necessity for active measures for conservation.

Infant mortality is high and the lives of many infants have been sacrificed because infant welfare has not received sufficient consideration.

A nation-wide baby-saving campaign will be inaugurated on April 6th, the anniversary of our entrance into the World-war. This campaign has been laid out for one year, but we are convinced that if carried on intensively for one year, the results will be so encouraging that infant welfare work will become a continuous function of the state.

Last year 3,476 babies under one year of age died in this state. Two-thirds of these deaths were preventable and of this two-thirds, one-half, or approximately 1,200, were easily preventable. In certain countries, and even in some cities in this state, it has been demonstrated that one-third of the infant deaths can be easily prevented at a remarkably small cost.

There is hardly a health official in the country who would not guarantee to save the life of one infant for every $200 placed at his disposal for infant welfare work.

The state department of health feels assured that the lives of 1,000 babies can be saved during the next year. To accomplish this result it would require the expenditure of a sum equivalent to one cent per person per month. Twelve cents a year from each person in Connecticut would, of course, raise the taxes a fraction of a mill, but the profit to the state, whose prosperity is dependent upon the lives of its people, would be many times greater than the sum expended.

The Women's Committees of the Connecticut and National Councils of Defense are about to launch a Child Welfare program in conjunction with the U. S. Department of Labor. Dr Walter H. Brown, Health Officer of Bridgeport, has been made chairman of the committee for this State.

PUBLIC HEALTH NURSING SURVEY

The general need of more public health nurses in this State has been recognized for some time, and it has also been known that public health nursing service was an urgent necessity in certain localities. A recent survey by Miss Helen Boyd has placed in the hands of the Department of Health information and data of immense value. Miss Boyd was sent to this State by the Nursing Committee of the General Medical Board of the Council of National Defense at the request of this department. Her report is remarkably full and accurate considering that she had but two months in which to complete the work.

Quoting from this report which will be published in full at an early date;

> "The purpose was in direct response to the widespread feeling in the country, induced by the records of the foreign countries at war, that those of us who remain at home have two duties to perform. First, we must join heartily in every effort directed toward increasing the success of the armies abroad whether in releasing our men for service, or in conserving food and fuel that they may be provided. Second, that we at home must work to keep our own country in good condition, — we must work harder than ever before to give each person, and especially each baby in the country, a chance to be healthy and happy. Only by doing this can we expect to be ready to cope with the problems that will come upon us in the reconstruction period that must inevitably follow the war.
>
> "More important than the care of the sick, necessary as it is, is the preventive work that the public health nurse can do.
>
> "The visiting nurse associations do not report an abnormal increase in their work this year — that the over-crowding and the high cost of living has not induced acute illness needing the visiting nurse, does not mean that people's resistance is not being steadily reduced. It is against the insidious working of these conditions that the nurse can make headway by teaching the people in their homes how to live and what to eat.
>
> "The tuberculosis problem in the state is well cared for when compared with other states. That sanataria are provided with more beds per population than other states does not mean, however, that there is not a great deal of follow-up work which should be done. The patient, before he goes to the sanatorium and after he comes back is sadly neglected in the greater part of the state.
>
> "The result of keeping the children safely at school is one great feature of school nursing. Another is prevention of epidemics. A school nurse early learns to note suspicious symptoms and can immediately send a child to the school physician for diagnosis. . . . . A large population of foreigners whose standard of living is such that every means in our power should be used to teach them hygienic living.

"There are ninety-nine nurses doing industrial nursing in the state of whom eleven are not graduate nurses. The work of a nurse in a factory is altogether too responsible for an undergraduate.

"That the State of Connecticut is ready to develop public health nursing cannot be doubted. In the twenty-three towns visited, nine had definite groups who were interested. In three, the money had already been raised to support a nurse. Thirteen already had nurses. One of the thirteen was just starting a second welfare station Only one town was apathetic. A public health nurse under the State Commissioner of Health would be of invaluable service in encouraging, directing and helping these communities who are so anxious to go ahead with public health nursing, but have so little knowledge of the subject. This expert advice could easily be given to them by a state supervisor of Public Health Nursing."

Public Health Nurses in Connecticut:—

General visiting nurses	107
Infant welfare nurses	15
Tuberculosis nurses	14
School nurses	50
Industrial nurses	99
Total	285

Towns with public health nurses, 42; towns without, 126.

This large number of towns without public health nursing service in itself shows the need of many additional public health nurses.

The report has carefully estimated that 233 additional nurses are necessary to properly equip the state.

BIRTH RETURNS

Recent investigation reveals the fact that in the year 1916, 5,625 births in the state were either not recorded or were so inaccurately recorded as to defy identification. This means that when these 5,625 babies grow up and have need to prove their age and nativity they are doomed to disappointment; it means that on 5,625 occasions in one year someone has by negligence or carelessness defeated the ends of law and has been unfair to the infant whose welfare rests in his hands.

The institutions of our present social system are so conducted that a certified copy of birth certificate is an almost indispensable document. Proof of age and place of birth are required when entering school, when joining the ranks of wage earners, when enlisting for military service, and when claiming the right to vote. Many times through life a certified copy of birth will avoid delay and confusion, and sometimes financial loss.

Prior to the year 1879 births were recorded on the family records, usually in the family Bible except in a few towns where records were kept by the town officials. By legislative enactment the recording of vital statistics was made a state function in the year mentioned, and placed under the supervision of the department of health. The duty of reporting births was imposed by this law upon the professional attendant or the parent, and if faithfully observed would enable every person to secure a record of their birth when needed. But our duty to posterity has not been faithfully performed.

The United States Census Bureau established some years ago, an area composed of states in which the registration of vital statistics was over 90 per cent complete and Connecticut was honored by being included in this registration area. As a result of the recent investigation of birth records, it is likely to lose this place of honor, our statistics being insufficiently complete or accurate to be of value in federal compilations.

An analysis of the methods adopted to determine the efficiency of birth registration, with deductions, may be of interest and of value in the endeavor to improve, which must be made.

The deaths under one year of age (3,538) for the year 1916 were taken and the records searched for corresponding birth certificates. For 537 death certificates no birth certificate could be found, indicating that presumably fifteen per cent of the total births in the state were not recorded. With the assistance of local health officers, each of the 537 families where the birth record was missing was visited, and while the results are not all in, sufficient data is available to make the following deductions reasonably correct:

Births accurately reported	85 per cent
Births inaccurately reported	8 per cent
Births not reported	7 per cent

The inaccurate reports are mostly those of children with foreign born parents with the surname misspelled to the extent of destroying the identity of the certificate.

Of the seven per cent unreported births, five-sevenths result from the negligence of the attending physician or midwife and two-sevenths from the failure of the parent to report births where a professional attendant was not present.

The state department of health with the county health officers are required by law to proceed against those who fail to report births — activity along this line can be expected, but to secure accuracy of reports it will be necessary to appeal to the pride of the medical profession and to the honor of the individual responsible in this respect for future welfare of the newborn under his care.

The realization that birth registration is a most important duty will no doubt lessen the errors and omissions in the future.

A TYPHOID CARRIER

Last month a typhoid carrier was found engaged as a cook in the College Lunch Room of Wesleyan University. Nine undergraduates and an alumnus, however, had developed typhoid fever, resulting in one death, before the source of infection was traced to the cook who was determined a carrier upon examination of his blood and stools. The interesting feature of this case is the unquestionable intermittence of the discharge of the typhoid bacilli from the stools of the man. In brief the history of the case is as follows:

Shortly before the College opened last September, a colored chef was engaged by the College Lunch Room, which is under private management, for the convenience of students desiring a hasty lunch between lectures. The same management operates the Wesleyan Book Store, located a short distance from the lunch room. At the book store hot coffee, ice-cream, and sandwiches (the latter made by the lunch room cook), are sold at noon. During the third week in October three students developed typhoid fever, and at about the same time, an alumnus, who visited the college early in October, developed the fever after his return home. Investigation by the local authorities led to the belief that the infection had been brought to the college by the students.

The next outbreak did not occur until January, when six cases, one of which was fatal, developed during the first week of that month. That the source of infection was common in at least these six cases seemed a justifiable conclusion. Water, milk, contact with known or probable cases of typhoid, as sources of infection, were in turn eliminated after investigation. Attention was naturally directed to the probability of a carrier. Of the entire Freshman Class, sixteen gave a history of having typhoid fever.

Among the other new comers, the cook first attracted attention because of his occupation. Investigation tended to show that while the lunch room had very few regular boarders, a very large percent of the students ate a sandwich at some time during the week either at the lunch room or the book store. The cook's blood, therefore, was examined by Widal method, but was found negative; examination a few days later, however, gave a positive Widal. Later bacilli which were isolated from his stools were readily agglutinated by the blood of typhoid patients.

Close inquiry failed to elicit from the cook, who is an intelligent man of twenty-three years, any history of having had typhoid fever, though there is reason to believe that he had a "walking case" nine months ago. The interval between the two outbreaks is probably due to the intermittent discharge of the bacilli. This belief is further strengthened by the intermittent appearance of the bacilli in the stools which are frequently examined in the hospital where the cook is now under observation.

No further cases of typhoid have occurred among the Wesleyan students since the chef was removed from the lunch room.

The Middletown experience with this carrier ought to be a stimulus to every physician and health officer to make a thorough investigation as to the source of each typhoid fever infection. Had the cases that occurred in October been thoroughly investigated, in all probability the January outbreak would have been avoided. It also emphasizes the value of determining whether food-handlers in public and private institutions are free from typhoid (tuberculosis and syphilis might well be included) infection.

It is sometimes necessary, as it was with the case in question, to resort to good hospitalization in order to determine the infectiousness of a suspicious carrier.

T. E. Reeks, M. D., *Director, Bureau of Preventable Diseases.*

CULTURES FOR DIPHTHERIA

During the month of November 628 cultures from the nose or throat were examined in this laboratory for diphtheria, in December 1463, and in January 1481. Thus an important part of the work of the laboratory at this season of the year is the examination of these cultures either for diagnosis, or for the release of cases previously diagnosed as diphtheria. Any measures which can increase the value of these examinations should be carefully considered.

It has been the custom at this laboratory for several years in sending out outfits for diphtheria to include as a part of the outfit a tube of blood serum in addition to the swab in its sterile container. The object in sending the serum is to have the physician make the culture on the surface of this at once after the swab is taken from the patient. The tube of serum, together with the swab in its container is then returned to the laboratory. At the laboratory a second culture is made from each swab, this, and the culture made by the physician, are both incubated and examined. This evidently duplicates the cultures and the question naturally arises whether we are getting any larger a percent of positive cases than we would from a single culture.

A small series of these cultures, from 368 cases, were examined by Mr. Ira D. Joel and Mr. Ira V. Hiscock to see whether the results were the same in each of the two tubes from the same case and, if not, whether either of the tubes constantly gave the better results so that the other could be dispensed with. Twelve of these were unsatisfactory, either because the results were doubtful, or the tube of serum sent by the physician had become dry. Of the remaining 356, 78 were positive, that is, showed diphtheria in both tubes, and 230 were negative, not showing diphtheria bacilli in either tube; 13 were positive in the tube planted by the physician and negative in that planted at the laboratory. While in 34 cases the opposite was true, positive in the laboratory culture and negative in the physician's culture. The results from even this small series of cases are evident. Under the present circumstances we would not be justified in discontinuing this duplication. Enough additional positive cultures are obtained by it to warrant continuing it. On the other hand, it is probable that with a little more attention to technique, a considerably larger percent of positive cultures might be obtained from those planted by the physician. It is necessary first of all for him to have a tube of serum which has not dried. The tops of the serum tubes which we send out are paraffined but, in spite of this, the serum does occasionally dry up and then is unfit for use. After taking the swab from the patient, it should be gently rubbed up and down over the serum and at the same time rotated so that practically all parts of the swab touch the surface of the serum. Do not break this surface. The outfit should be gotten to the laboratory as soon as possible for incubation and examination.

There are a few other practical suggestions which might be made. Do not take the culture within two hours after any antiseptic gargle has been used. If there is a thick membrane, try to get the swab under the edge of it, instead of merely rubbing it over the surface. Two successive negative cultures, at least twenty-four hours apart, should be taken from the throat, and at least one from the nose, before a case of diphtheria is released. In cases of suspected carriers of diphtheria bacilli cultures should be taken from the nose, inserting the swab well back in the nostril, as well as from the throat. Undoubtedly every physician will be only too glad to co-operate with the laboratory in our attempts to improve the service which it can render.

C. J. Bartlett, M. D., *Director, Bureau of Laboratories.*

PNEUMONIA

While the winter has been severe, it is pleasing to note that the Pneumonia deaths in the State are very much less than last year. In the months of November, December and January last winter, there were 996 deaths from this disease, and in the corresponding months this winter 679, or 317 less.

ENCOURAGING !

On Friday, February 15th, almost one hundred of the health officers of the state met in Hartford to consider the proposed sanitary code. It was most gratifying to note the interest and the spirit of co-operation that was shown at this meeting.

The spirit of progressiveness, as now shown by the health officers, is well sustained by public sentiment, which indicates that Connecticut is on the threshold of great activity in conserving life and health.

We have been requested by the Hartford Isolation Hospital to announce that out of town patients will hereafter be required to pay a weekly rate of $21.00, which must be guaranteed before admission.

COMMUNICABLE DISEASES—January, 1918

CITIES AND TOWNS	Estimated by Ratio School & U. S. Census 1917	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Diseases See opp. page
STATE TOTAL	**1,410,665**	**18**	**705**	**178**	**286**	**322**	**21**	**1**	**138**	**7**	**166**
NEW HAVEN CO.											
New Haven	161,817	2	109	12	60	11	3		24		
Waterbury	101,660		5	8	1	15	1		9		
Meriden (city & town)	31,940		8	3	6	8					
Ansonia	17,581		1	1					1		
Orange (including West Haven)	16,561		2	2		1	1				B C
Naugatuck	13,671			1		1					
Wallingford (town & boro)	11,856	1	14	4	1				1		S
Milford	10,403		19		1				1		
Derby	10,079		1			4			1		
Hamden	9,301		4		3	2			1		
Branford (town & boro)	7,172		20		5	1			1		
Seymour	6,391		1								M
Towns under 5,000	23,549		16	5	1	1	1		2		
FAIRFIELD CO.											
Bridgeport	152,524		32	22	40	44	3		19		G P
Stamford (city & town)	40,734		154	1	23	10			1		B C
Norwalk	28,660		9			4					
Danbury (city & town)	24,053			4		1					B
Greenwich (town & boro)	18,656		55	4		1	1		3		
Stratford	12.945			3	5	6					
Fairfield	11,915				3	3					
Shelton	8,573					2			1		
Darien	8,198		8	4							
Westport	5,337			1							
Towns under 5,000	26,584	1	22	4	2				2	5	
HARTFORD CO.											
Hartford	129,353	1	28	28	28	29	4		20		S
New Britain	58,440	2	13	4	10	8	1		12	1	BCM
Bristol (city & town)	19,771		1	6		1	2				
Manchester	16,836			1	10	1					
Enfield	11,847		42			3					
East Hartford	10,878		1	7	4	3					
Southington (town & boro)	9,312	1	4	3		5			1		
West Hartford	7,440			1		2					B E
Windsor	6,573			4							B
Glastonbury	6,302		4	3	28	2					
Berlin	5,409		2	4					2		
Towns under 5,000	47,958		6	6	3	4	1		1	1	
NEW LONDON CO.											
Norwich (city & town)	29,320		3	2		7			7		
New London	25.648		9		5	17			4		
Stonington (town & boro)	10,667		2	2		1					C G
Groton (town & boro)	7,241		2	4	10	1	2		1		C
Towns under 5,000	29.600		40	1	9	7			13		
LITCHFIELD CO.											
Torrington (town & boro)	21,436		1	5		2					X
Winchester (including Winsted)	9,910			4	1						V
Plymouth	7,185								1		
Watertown	6,136			2		2					
New Milford	5,229		2	2							G
Towns under 5,000	31,992		14	2	4				2		
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	1				3			2		
Putnam (city & town)	8,349										
Plainfield	8,259	2				3					B X
Killingly (including Danielson)	7,516		1		++				1		G
Towns under 5,000	15,543		6	4	9	3		1	1		
MIDDLESEX CO.											
Middletown (city & town)	26,931	7	7		9	99			1		
Towns under 5,000	26.862		26	3	5	3	1		2		
TOLLAND CO.											
Vernon (including Rockville)	8,825					1					
Stafford (town & boro)	6,242		2								
Towns under 5,000	13.317		9	1							

MORBIDITY RATES

January, 1918

RATES BY COUNTIES Representing an annual rate per 10,000 population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Venereal Diseases
State	1.5	59.9	15.1	24.3	27.3	1.7	.8	11.7	.5	1.2
New Haven	.8	56.8	10.2	22.1	12.5	1.6	0.0	11.6	0.0	.2
Fairfield	.3	99.3	15.2	25.9	25.1	1.4	0.0	9.2	1.7	2.1
Hartford	1.4	36.7	24.3	30.1	21.0	2.9	0.0	13.0	.7	.7
New London	0.0	65.5	10.5	28.1	38.6	2.3	0.0	*29.2	0.0	1.1
Litchfield	0.0	24.9	21.9	7.3	5.8	0.0	0.0	4.3	0.0	2.9
Windham	6.6	15.6	8.8	20.0	20.0	0.0	2.2	8.9	0.0	6.6
Middlesex	15.6	73.6	6.6	31.2	227.5	2.2	0.0	6.6	0.0	0.0
Tolland	0.0	46.5	4.2	0.0	4.2	0.0	0.0	0.0	0.0	0.0

***Including State Hospital for Insane.**

DISEASES NOT TABULATED

January, 1918

(C) Chickenpox

East Haddam	+
Groton	6
Hebron	+
New Britain	6
New Canaan	3
Orange	2
Stamford	11
Stonington	1

(E) Erysipelas

West Hartford	1

(P) Pellagra

Bridgeport	1
Old Lyme	1

(V) Smallpox

Colebrook	1
Winchester	2

(X) Septic Throat

Plainfield	4
Torrington	1
Voluntown	1

(M) Mumps

Andover	14
Barkhamsted	1
Canton	2
Hampton	1
New Britain	5
New Canaan	5
New Hartford	1
North Haven	13+
Plainville	++
Seymour	3

(S) Syphilis

Hartford	2
Wallingford	1

(B) German Measles

Danbury	3
East Haven	2
Farmington	3
Guilford	16+
Middlebury	1
New Britain	4
North Haven	1
Orange	6
Plainfield	1
Rocky Hill	2
Stamford	1
West Hartford	5
Windsor	20

(G) Gonorrhoea

Bridgeport	4
Killingly	3
New Canaan	2
New Milford	2
Stonington	1

MORTALITY SUMMARY—JANUARY

Total Deaths for January .... 1865 Death Rate 15.8

Average death rate for January last five years 19.6

Annual death rate 1917 .... 16.4

Deaths from communicable diseases 267

Percent of total deaths 14.3

Deaths under one year 318. Rate per thousand births 106

Detail report next page

DEATHS REPORTED TO THE STATE DEPARTMENT

ALSO BIRTHS AND MARRIAGES

Line Number.	Towns of more than 5,000 Inhabitants.	Estimated by Ratio School & U.S. Census 1917	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, Jan. 1917	Deaths by Ages.		
									Under 1 Year.	1 to 5 Years.	65 Years and over.
1	State of Connecticut	1,410,665	3009	109	910	1865	15.8	22.3	318	108	580
2	Ansonia,	17,581	54	2	5	16	10.9	20.1	3	1	2
3	Berlin	5,409	8	...	....	3	6.6	12.3	1	....	1
4	Branford,	7,172	13	...	1	12	20.0	5.7	1	1	5
5	Bridgeport,	152,524	435	18	131	208	15.6	26.1	33	14	47
6	Bristol,	19,771	54	3	10	22	13.3	11 3	5	3	5
7	Danbury,	24,053	37	1	9	37	17.4	18.9	4	....	13
8	Darien	8,198	3	...	1	4	4.3	8.1	...	....	4
9	Derby,	10,079	48	2	9	12	11.9	21.1	6	1	1
10	East Hartford,	10,878	17	...	8	14	14.3	14.3	1	2	5
11	Enfield,	11,847	23	4	14	15	15.1	12.5	3	2	5
12	Fairfield,	11,915	28	...	5	14	13.0	20.2	5	1	2
13	Glastonbury	6,302	7	...	2	5	9.5	25.7	2	....	3
14	Greenwich,	18,656	32	...	24	19	11.5	11.3	3	....	9
15	Groton,	7,241	16	...	3	7	9.9	24.6	1	....	4
16	Hamden,	9,301	19	...	5	6	7.7	16.4	...	1	3
17	Hartford,	129,353	366	13	132	226	17.0	24.5	49	12	53
18	Killingly,	7,516	14	...	9	6	9.5	13.1	2	....	1
19	Manchester,	16,836	31	...	8	20	14.2	10.8	6	....	6
20	Meriden,	31,940	89	...	6	65	21.0	26.6	16	9	15
21	Middletown,	26,931	35	1	18	55	11.5	19.5	4	1	16
22	Milford,	10,403	15	2	6	6	6.9	35.5	1	....	3
23	Naugatuck,	13,671	33	...	4	16	14.0	7.6	2	2	4
24	New Britain,	58,440	174	5	19	76	15.4	17.0	20	5	17
25	New Haven,	161,817	379	20	140	244	17.2	20.0	39	13	66
26	New London,	25,648	56	...	43	34	14.0	24.6	8	1	11
27	New Milford,	5,229	10	1	1	3	6.8	32.7	...	....	2
28	Norwalk,	28,660	48	...	24	37	15.0	21.0	3	2	10
29	Norwich,	29,320	62	...	14	66	19.2	16.9	7	2	22
30	Orange,	16,561	25	...	8	19	12.3	12.1	6	....	8
31	Plainfield,	8,259	9	...	1	10	14.5	13.7	1	1	5
32	Plymouth,	7,185	11	1	1	4	6.6	9.4	...	....	2
33	Putnam,	8,349	12	...	7	12	15.8	31.4	...	....	8
34	Seymour,	6,391	13	...	3	3	5.6	10.8	...	....	2
35	Shelton,	8,573	17	...	1	8	9.7	8.4	1	....	3
36	Southington,	9,312	17	...	1	15	19.3	38.7	3	....	5
37	Stafford,	6,242	6	1	1	9	15.3	6.2	...	....	5
38	Stamford,	40,734	72	4	34	66	16.7	19.3	13	8	24
39	Stonington,	10,667	22	...	7	4	4.4	21.4	...	....	1
40	Stratford,	12,945	23	...	6	13	12.0	34.5	2	1	3
41	Torrington	21,436	50	2	10	24	13.4	14.1	7	1	4
42	Vernon,	8,825	17	...	2	15	20.3	20.3	3	....	7
43	Wallingford,	11,856	21	...	2	12	12.1	14.4	...	....	8
44	Waterbury,	101,660	237	12	50	116	12.6	16.8	31	13	19
45	Watertown	6,136	9	...	1	1	1.9	8.3	...	....	1
46	West Hartford,	7,440	11	...	....	11	17.7	16.6	1	2	4
47	Westport,	5,337	10	...	4	8	17.9	10.8	...	....	5
48	Winchester,	9,910	19	2	11	12	13.3	18.2	5	....	6
49	Windham,	14,178	40	1	10	16	11.8	28.1	2	1	5
50	Windsor,	6,573	9	2	....	4	5.4	13.2	...	....	3
	Total of above towns,	1,195,260	2756	97	811	1630	16.3	22.5	300	100	463
	Towns of less than 5,000,	215,405	253	12	99	235	13.0	21.3	18	8	117

Non-resident deaths in public institutions are not included in the death rates of the towns.

FOR DECEMBER, 1917

DEATHS FROM IMPORTANT CAUSES.															EXTERNAL CAUSES.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
5	..	..	12	1	24	19	29	170	26	98	7	..	325	15	122	11	4	530	201	1
							1		1	1	1		2	1		1				2
													1							3
					1								3		1					4
			2		4	2		23	3	9	2		27		23	1	1	82	9	5
					2			1		2	2		4	1	1					6
								3		5			4		3	1		10	2	7
																		1	1	8
										1			2		1			3	2	9
						1		1	1	1			3						1	10
					1					1			2		1					11
										1			1		1				1	12
							1			1			2							13
			1					3	1	1			2					3	1	14
										1			1		2				1	15
								1						1						16
					2	1	4	19	3	10	1		44	3	16			117	42	17
1							1								1					18
					3		2	2		3			2		1					19
			1		6	2	2	9	3	2			11		2			15	9	20
1			1		1			5		1			11		4	1		37	29	21
													2							22
						1		1					3							23
1								6		5			13	1	4	2		17	1	24
1			1			2	2	13	5	15			54	2	17	2	1	87	12	25
										2			7		4	2		9	4	26
													1							27
						1	1	3		4			4		1			5	1	28
						3	5	11		4			12		9			30	19	29
										2			2	2					2	30
								2	1	1					1					31
								1					2							32
						1		1					2		1			2	1	33
													1		1					34
							1	3					1					1	1	35
					1			3					2		1		1			36
													4		2		1	3	1	37
			2			2	2	4	1	4			9		5			19	9	38
								1		1										39
					1		1			1			2							40
						1		2		3			9					2		41
													5							42
								1		1										43
						1		9	5	1	1		18	2	8			39	9	44
																				45
							1	1		1			4					5		46
													1			1				47
			1							1			3					3	1	48
1							1	1					3	1	1			5	2	49
										1			1		1				1	50
5	..	..	9	...	22	18	25	130	24	87	7	..	287	14	113	11	4	495	162	
...	..	..	3	1	2	1	4	40	2	11	...	..	38	1	9	...	..	35	39	

LABORATORY REPORT—JANUARY

C. J. Bartlett, M. D., Director.

Bacteriological examinations and analyses.

	Pos.	Neg.	Ques.	Total
Diphtheria, diagnosis	177	949	....	1,126
Diphtheria, release	98	257	....	355
Tuberculosis	12	77	....	89
Typhoid	12	17	....	29
Syphilis	77	202	46	325
Gonococcus	....	5	....	5
Rabies	2	3	....	5
Glanders	9	7	11	27
Feces for typhoid	....	2	....	2
Miscellaneous				3
Milk samples examined (from 10 towns)				119
Water samples analyzed				37
Samples of sewage and effluents examined				4
Total Laboratory operations during January				2,126

METEOROLOGICAL SUMMARY

Hartford, January, 1918

(From U. S. Weather Bureau Report)

WEATHER

Number of days clear	8
Partly cloudy	14
Cloudy	9
On which .01 inch, or more, occurred	11

SUNSHINE

No. of hours actual sunshine	157.9
No. of hours possible	295.3
Percentage of possible sunshine	53.

PRECIPITATION

Total this month	3.28
Total snowfall	10.2
Greatest precipitation in 24 hours, date 11-12th	1.25
Normal for this month	3.83
Deficiency of this month as compared with the normal	0.55
Accumulated deficiency since Jan. 1	0.55

ATMOSPHERIC PRESSURE

Mean. .29.87; highest 30.51. .date 28th.
Lowest 28.76..................date 15th

TEMPERATURE

Highest. .51, date 12th; lowest—8. .date 2
Greatest daily range 30 .... date 12th
Least daily range 7............ date 22nd
Mean highest....24.6; lowest....10.3

Mean for this month	17.4
Normal for this month	25.5
Absolute highest for this month for 14 years	67.
Absolute lowest for this month for 14 years	—12
Average daily deficiency this month as compared with normal	8.1
Accumulated deficiency since January 1	247.
Average daily deficiency since January 1	8.1

WIND

Prevailing direction	N. W.
Total movement.........5,802	miles
Average hourly velocity	7.8

Maximum velocity (in five minutes), 32 miles per hour, from S.W. on 13th.

THE HEALTH OF THE SOLDIER BOY

JANUARY, 1918

Compared with Statistics of the State of Connecticut

Military statistics from The Surgeon General's Report for the month ending Jan. 25
State Statistics from the Department of Health report for January.

	Regular Army	Nat'l Guard All Camps	Nat'l Army All Camps	Amer. Exp. Forces Abroad	Conn. State
Pneumonia	26.25	38.77	37.9	67.55	*13.8
Dysentery	1.32	0.12	0.07	1.4	*0.0
Venereal	82.05	64.2	69.87	65.9	**6.5
Para-typhoid	0.0	0.02	0.0	0.1	0.0
Typhoid	0.07	0.07	0.07	0.4	0.15
Measles	115.22	44.35	127.67	70.45	5.9
Meningitis	3.75	4.42	5.52	4.15	0.17
Scarlet-fever	7.55	5.37	12.75	23.05	1.4

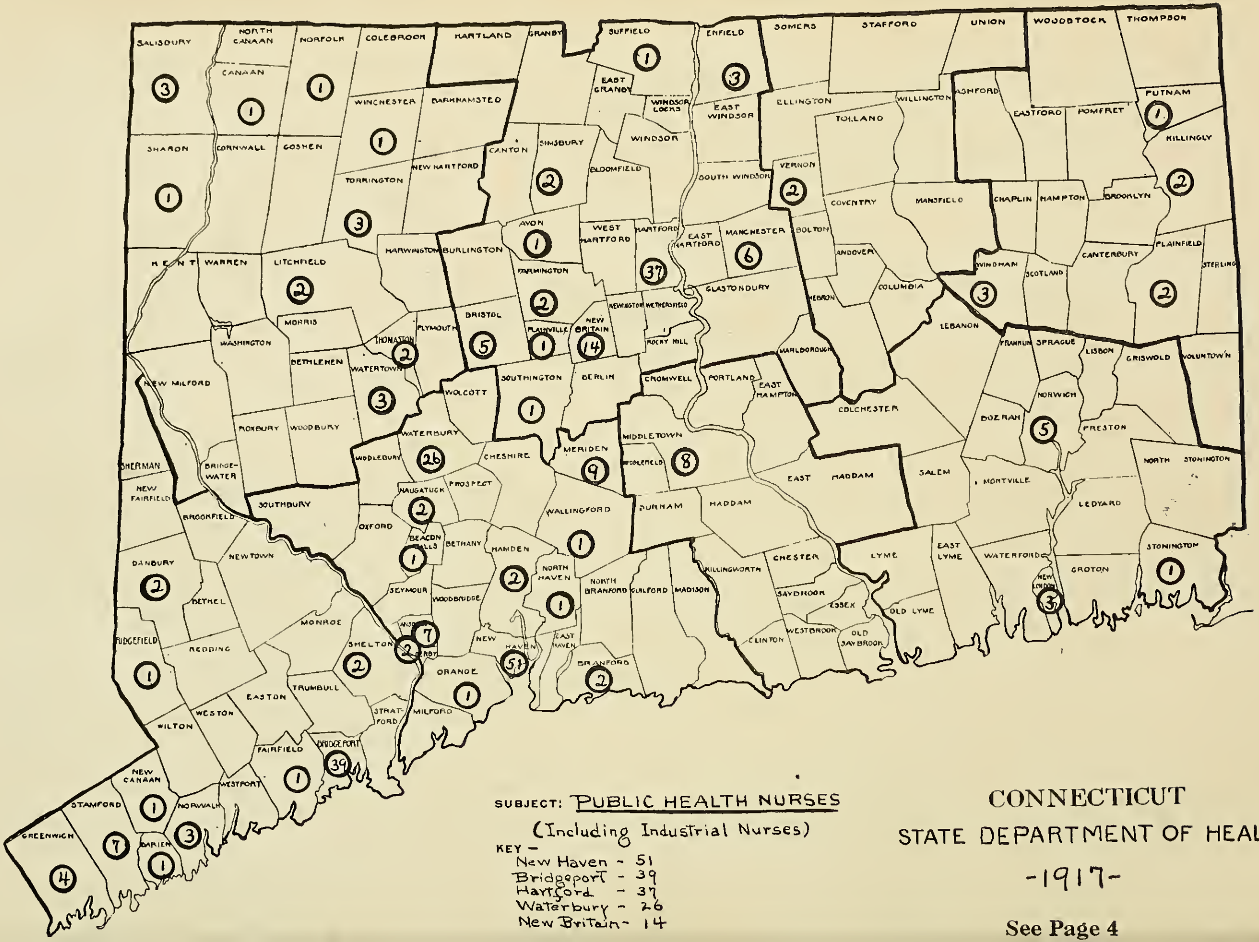
* Not reportable—Estimated from reported deaths.

** Incomplete reports—Rate estimated on adult male population.

COMMUNICABLE DISEASES 1917

Disease	January	February	March	April	May	June	July	August	September	October	November	December	Total Cases	Total Deaths
Anthrax	.....	.....	.....	.....	.....	.....	.....	...	...	...	...	1	1	...
Diphtheria	222	179	177	143	142	137	142	104	162	337	338	284	2367	224
Measles	633+	600+	877+	1068+	1430+	984+	327+	108	54	268	414	699	7462+	126
Meningitis (Ep. Cerebro.)	15	33	57	80	48	35	12	6	12	4	6	4	312	160
Poliomyelitis (Acute infect.)	3	4	2	1	5	.....	3	6	2	2	1	...	29	18
Rabies (in man)	.....	.....	.....	.....	.....	1	1	...	...	...	1	...	†3	3
Rabies (in animals)	13	19	4	10	15	10	7	7	7	8	9	3	112	...
Scarlet fever	132	116	158	213	140	114	41	41	57	124	217	175	1528	17
Septic sore throat	.....	.....	.....	.....	1+	.....	.....	...	1	5	1	3	11+	...
Smallpox	90	62	108	39	55	55	6	1	2	3	1	1	423	...
Tuberculosis (all forms)	137	156	130	158	173	149	152	153	140	152	161	134	*1795	2032
Typhoid fever	9	11	9	18	23	26	46	73	126	71	57	39	508	112

Population 1,410,665 * Incomplete reports. † Over 100 received Pasteur treatment



SUBJECT: PUBLIC HEALTH NURSES

(Including Industrial Nurses)

KEY –
New Haven - 51
Bridgeport - 39
Hartford - 37
Waterbury - 26
New Britain - 14

CONNECTICUT

STATE DEPARTMENT OF HEALTH

-1917-

See Page 4

HYGIENIC LABORATORY
WASHINGTON, D. C
4 AP '18

Connecticut
Health Bulletin

Issued Monthly by
The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

MARCH 1918

A Difference

You have a dollar.
I have a dollar.
We swap.
Now you have my dollar,
And I have yours,
We are no better off.

You have an idea.
I have an idea.
We swap.
Now you have two ideas,
And I have two ideas
We are both better off.

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

COMMISSIONER

JOHN T. BLACK, M. D.

Director	Bureau of Vital Statistics	The Commissioner
Director	Bureau of Laboratories	C. J. Bartlett. M. D.
Director	Bureau of Preventable Diseases	T. Eben Reeks, M. D.
Director	Bureau of Sanitary Engineering	J. Fredk. Jackson, C.E.

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Address all communications to

THE COMMISSIONER OF HEALTH
STATE CAPITOL
HARTFORD

Telephone—Charter 577

CONNECTICUT HEALTH BULLETIN

Sent free to any citizen of the state on request

Entered as Second Class Matter at the Post Office at Hartford

VOL. XXXII HARTFORD, MARCH 20, 1918 No. 3

EDITORIAL

Ideas Wanted. Your ideas on public health matters are wanted. Many an idea evolving from the mind of the practical worker has been the clue leading to an important scientific discovery. Ideas that impress should be developed or expressed — not hoarded — for they may lead to the saving of health and life.

Experiences Wanted. Unusual and peculiar experiences in your health work are wanted. The study and comparison of experiences foster ideas and permit the accumulation of valuable statistical data. The exchange of experiences is almost as profitable as the exchange of ideas.

Raise a pig ! This is excellent advice and should be followed, but not by city and town folks. The back yard pigery is a grave menace to health, not because of the unpleasant odors which invariably eminate, but because of the swarms of flies which are attracted to the neighborhood. The raising of a pig close to human habitation may mean the burying of a child.

Save Food ! This admonition should also be qualified, — No effort should be made to curtail or alter the food of infants and nursing mothers. Give them plenty of the best milk and food that can be obtained. The effects of privation upon the growing child are lasting, while the effect upon those who have obtained their growth is only temporary.

Not necessary to take chances. Recently a city in this state found itself without water because of a break in the main pipe line. As a temporary expedient, raw river water was pumped into the system. Numerous cases of diarrhoea occurred, but fortunately only one case of fever. Had the water company been familiar with the law and referred to the State Department of Health, provisions would have been made within a few hours for disinfecting the river water as it was pumped into the system and all possible danger would have been avoided.

A True Patriot. At a recent town meeting a voter offered an amendment to add two mills to the tax rate proposed by the town officials "for war emergencies". Unfortunately it was voted down as his fellow citizens failed to appreciate the proposed added tax as a war contribution. Doubtless these same men have given freely to the Red Cross, Y. M. C. A., K. of C. and other organizations, but they do not realize that war also imposes extraordinary duties upon the established welfare work of the community. Hardship and suffering is increasing because of absent fathers — crowded housing conditions — the high cost of living and other deprivations brought about by war. The health officers' duties and responsibilities are increased, milk and food must be more closely watched — infants and children need more attention and the sick and poor become more dependent. War taxes are war contributions and should be cheerfully accepted.

The Influence of the School. The average child spends approximately 2,000 days in the school room. These are the days of development of mind and body. The conditions and influences surrounding the child during this long period usually determine its future welfare. During this period the foundation is laid for good health or bad, for keen intellect or dull, and for strong character or weak. Next to home influences, the school is the greatest factor in determining the character, intelligence and health of the coming generation. We cannot afford to neglect the schools. Parents should frequently visit the school and satisfy themselves that the school and its environment are such that the welfare of their children is not in jeopardy.

Smallpox and Chickenpox. Smallpox has recently developed in several parts of the state although no epidemics have been reported. In almost every instance early cases have been diagnosed as chickenpox. Health officers are urged to carefully examine or have examined all adult cases reported as chickenpox. Early recognition of smallpox makes control easy.

The Sanitary Code. Chapter One of the sanitary code has been completed and was adopted by the Public Health Council on February 27th, to take effect March 1st. Copies have been or will be placed in the hands of every health officer, town clerk and physician in the state. Additional copies can be secured by addressing the Commissioner of Health.

Health Officers, Attention! It is desired to call attention to the fact that the usual monthly morbidity reports are required in addition to the daily reports.

SPOTTING THE SOURCE OF INFECTION

The following scheme is suggested as an aid to the lay health officer in investigating the source of infection of a communicable disease:

(1) Fix the *time* of infection
(2) Fix the *place* of infection
(3) Fix the *mode* of infection

The Time of infection is obtained by ascertaining the date of the earliest symptoms, then deducting from this the average number of days of incubation (the time elapsing between infection and the first symptoms).

The Place. After determining the approximate date at which the patient was infected, a careful investigation is made of the patient's activities and whereabouts at that time. Such investigation should include usual and unusual trips, contact with known cases, and association with persons who have been in attendance upon cases of the disease.

The Mode. To determine how the infection was transmitted requires a knowledge of the usual avenues by which microorganisms enter the body. For instance, the typhoid bacilli gain access to the intestine through water and foods which have been contaminated by excretions of a typhoid patient or carrier. They are also carried directly to the mouth by one's own fingers which have been in contact with minute particles of matter containing the bacilli. On the other hand, smallpox, measles, whooping cough and, with exceptions, scarlet fever and diphtheria, are invariably contracted by direct contact with a case, while malarial infection is transmitted by the mosquito.

Water may be contaminated by drainage containing bladder or bowel excretions from a typhoid patient or carrier. Food may be infected by washing containers (milk bottles, etc.) in water containing bacilli, or by flies which have been in contact with body excretions.

Therefore, in determining the mode of infection of certain diseases (typhoid, dysentery, septic sore throat and certain outbreaks of scarlet fever and diphtheria), it is necessary to make inquiry as to the source of water and food supplies, and the physical condition of the food handlers.

Overcrowding and insantary conditions of the home or community, and the existence of mosquito and fly-breeding areas, have a direct bearing upon the dissemination of contact and insect-borne diseases (smallpox, measles, whooping cough, scarlet fever, diphtheria, infectious skin diseases, typhoid, and malaria).

Many erroneous diagnoses have been made because investigators have jumped to hasty conclusions which might have been avoided had they considered the value of each part of the data.

The probability that the patient may have infected others during the first days of his illness before he gave up work and that he may be a focus of infection after convalescence must be given earnest consideration.

T. E. REEKS, *Director, Preventable Diceases.*

VOLUNTEER MEDICAL SERVICE CORPS.

For the purpose of completing the mobilization of the entire medical and surgical resources of the country, the Council of National Defense has authorized and directed the organization of a "Volunteer Medical Service Corps," which is aimed to enlist in the general war-winning program all reputable physicians and surgeons who are not eligible to membership in the Medical Officers' Reserve Corps.

It has been recognized always that the medical profession is made up of men whose patriotism is unquestioned and who are eager to serve their country in every way. Slight physical infirmities or the fact that one is beyond the age limit, fifty-five years, or the fact that one is needed for essential public or institutional service, while precluding active work in camp or field or hospital in the war zone, should not prevent these patriotic physicians from close relation with governmental needs at this time.

It is intended that this new Corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects; the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions — all these needs must be fully met in time of war as in time of peace. They must be met in spite of the great and unusual depletion of medical talent due to the demands of field and hospital service.

In fact, and in view of the prospective losses in men with which every community is confronted, the General Medical Board believes that the needs at home should be even better met now than ever. The carrying of this double burden will fall heavily upon the physicians, but the medical fraternity is confident that it will acquit itself fully in this regard, its members accepting the tremendous responsibility in the highest spirit of patriotism. It will mean, doubtless, that much service must be gratuitous, but the medical men can be relied upon to do their share of giving freely, and it is certain that inability to pay a fee will never deny needy persons the attention required.

It is proposed that the services rendered by the Volunteer Medical Service Corps shall be in response to a request from the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, or other duly authorized departments or associations, the general administration of the Corps to be vested in a Central Governing Board, which is to be a committee of the General Medical Board of the Council of National Defense. The State Committee of the Medical Section of the Council of National Defense constitutes the Governing Board in each State.

Conditions of membership are not onerous and are such as any qualified practitioner can readily meet. It is proposed that physicians intending to join shall apply by letter to the Secretary of the Central Governing Board, who will send the applicant a printed form, the filling out of which will permit ready classification according to training and experience. The name and data of applicants will be submitted to an Executive Committee of the State Governing Board, and the final acceptance to membership will be by the national governing body. An appropriate button or badge is to be adopted as official insignia.

MILK FOR THE BABIES

The latest report issued by the Children's Bureau of the U. S. Department of Labor contains the following striking statement:

> "The results of underfeeding or indiscriminate food substitution in childhood are startingly shown abroad as a result of the war, and are beginning to be evident in our own great cities."

This report shows a decrease in the amount of milk now available and in the amount which is finding its way to the children in poor homes, has special interest in connection with the campaign to save 100,000 lives of babies and little children during the second year of the war. It not only emphasizes the fact that children who are deprived of milk can not thrive properly, but it analyzes the changes in the production and export of dairy products during the war and shows the necessity of public action. It states

> "The nourishment of our children is the first duty of the Nation. Since milk and milk products are a vital necessity for children, for nursing mothers, and for the sick and wounded, the public should be made to realize that the children's need for dairy products should be assured."

England and Italy have regulated the sale of cream and curtailed the use of butter, in order that their child population might receive the more adequate and economical nourishment offered by whole milk. Germany, early in the war, provided that the adult civilian population might have milk only after the needs of children, mothers, invalids, and the army were met.

It is the duty now of every individual community to see that its children have milk of good quality and in sufficient amount to assure their normal development. To do this the price of milk must be controlled or fixed and the milk supply to infants and children carefully safeguarded. The malnutrition of our children was, even before 1914, a serious national problem and the one demanding urgent attention. Poverty and ignorance of dietary essentials have been ever-present factors in the malnutrition of the young, and war conditions can not fail to increase the gravity of the situation and the difficulties of maintaining the health of the Nation.

LIBERTY BOND ARGUMENTS

How might your $50, be applied by the Government for War Service?

It would protect 1,000 soldiers from death by small pox.

It would render 666 soldiers relatively safe from typhoid.

It would assure the safety of 139 wounded soldiers from the dread and deathly lock-jaw whose germs swarm in the Flander's soil.

It will render painless 400 operations.

It will supply a bandage long enough to go from the Capitol to the White House and back again (nearly 2 miles) or it will bandage 555 hands.

To dress those trench wounds which can be cared for with "First Aid Packets," your bond would take care of 160 injuries.

In adhesive plaster your bond would run 7 strips to the top of the Washington Monument with material enough for a bow on top.

Your bond would lay surgical gauze over a base-ball diamond about 1½ times.

MORTALITY SUMMARY — FEBRUARY

Total Deaths for February	1,710	Death Rate	14.5
Average death rate for February last five years			16.3
Annual death rate 1917			16.4
Deaths from communicable diseases			245
Per cent of total deaths			14.3
Deaths under one year	339.	Rate per thousand births	113

SCHOOL SANITATION

There are many Connecticut schools about which sanitary conditions are bad. Who is responsible ?

Now is the time to plan to eliminate the old-fashioned insanitary and **EXPENSIVE** privy vault. Dry closets, septic tanks and other modern arrangements are safe, economical and real protection for the health of the children.

TO PHYSICIANS, PUBLIC HEALTH AND SOCIAL WORKERS

The Metropolitan Life Insurance Company invites physicians, public health and social workers to make use of its valuable collection of mortality statistics.

The statistics present the principal causes of death among white and colored wage-earners in the United States and Canada. The material covers over ten millions individuals for each of the six years, 1911 to 1916. Death rates are available for each race, by sex and by age period.

The Company hopes in this way to aid in the study of disaese and disability among wage-earners. It desires to stimulate medical investigation and research. By offering these statistics to the medical profession and to public health and social workers, the Company expresses also its appreciation of the co-operation which it has received from physicians and others who have replied to inquiries and have given detailed information in thousands of cases. This assistance has helped to make the statistics more accurate and valuable. All inquiries should be addressed to

Metropolitan Life Insurance Company, Statistical Bureau
One Madison Avenue, New York City.

COMMUNICABLE DISEASES—February, 1918

CITIES AND TOWNS	Estimated by Ratio School & U. S. Census 1917	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Diseases See opp. page
STATE TOTAL	**1,410,665**	**9**	**601**	**190**	**421**	**173**	**10**	**2**	**148**	**28**	**882**
NEW HAVEN CO.											
New Haven	161,817	1	34	10	25	13	4	1	21	....	B.C.L.M
Waterbury	101,660	....	11	13	1	8	....	....	9	....	....
Meriden (city & town)	31,940	....	3	1	1	4	....	....	6	....	O.
Ansonia	17,581	....	2	2	4	....	1	....	4	....	G.O.M.X
Orange (including West Haven)	16,561	....	1	5	....	1	1	....	1	....	B.
Naugatuck	13,671	....	5	....	....	1	....	....	3	....	....
Wallingford (town & boro)	11,856	1	7	1	1	1	1	....	5	....	....
Milford	10,403	....	18	1	....	....	....	....	....	....	B.
Derby	10,079	....	....	....	....	1	....	....	....	....	....
Hamden	9,301	....	....	2	8	1	....	....	....	....	B.C.G.M
Branford (town & boro)	7,172	....	24	....	....	....	....	....	1	....	B.C.
Seymour	6,391	....	....	1	....	....	....	....	1	....	....
Towns under 5,000	23,549	....	3	7	4	3	....	....	1	....	....
FAIRFIELD CO.											
Bridgeport	152,524	....	21	9	64	29	2	....	21	2	B.C.E. G.M.S.
Stamford (city & town)	40,734	....	91	7	16	4	1	....	5	....	B-C.M.
Norwalk	28,660	....	1	....	60	1	....	....	1	8	....
Danbury (city & town)	24,053	1	22	1	2	2	....	....	....	....	C.
Greenwich (town & boro)	18,656	....	75	1	1	11	....	....	3	....	C.M.
Stratford	12,945	1	....	....	4	4	....	....	1	....	B.C.M.
Fairfield	11,915	....	....	....	....	2	....	....	....	1	C.
Shelton	8,573	....	....	....	1+	2	....	....	....	....	M.
Darien	8,198	....	3	2	....	....	....	....	....	....	....
Westport	5,337	....	2	....	....	....	....	....	1	....	....
Towns under 5,000	26,584	....	72	3	2	1	....	....	1	6	....
HARTFORD CO.											
Hartford	129,353	....	13	25	68	22	....	....	22	1	B.C.E.G M.O.S.
New Britain	58,440	1	41	10	23	8	....	....	10	6	B.C.M.T
Bristol (city & town)	19,771	....	....	13	6	1	....	....	2	....	B.M.
Manchester	16 ,836	....	2	2	....	....	....	1	....	....	B.
Enfield	11,847	....	24	3	....	1	....	....	....	....	....
East Hartford	10,878	....	....	2	3	1	....	....	1	....	M.
Southington (town & boro)	9,312	....	....	1	....	2	....	....	....	....	B.
West Hartford	7,440	....	....	....	6	....	....	....	....	....	B.C.M.
Windsor	6,573	....	2	3	....	1	....	....	....	....	....
Glastonbury	6,302	....	17	2	2	....	....	....	....	1	C.
Berlin	5,409	....	4	2	2	....	....	....	....	....	X
Towns under 5,000	47,958	1	12	4	44	2	....	....	2	2	....
NEW LONDON CO.											
Norwich (city & town)	29,320	1	....	2	1	7	....	....	1	....	V.
New London	25,648	....	4	7	9	5	....	....	6	....	B. C.M.
Stonington (town & boro)	10,667	1	1	1	8	1	....	....	....	....	B.
Groton (town & boro)	7,241	....	2	....	1	....	....	....	....	....	B.C.
Towns under 5,000	29,600	....	19	8	22	4	....	....	5	....	....
LITCHFIELD CO.											
Torrington (town & boro)	21,436	....	....	5	....	5	....	....	....	....	V.
Winchester (including Winsted)	9,910	....	....	1	....	3	....	....	1	....	B.G.
Plymouth	7,185	....	....	....	....	....	....	....	....	....	....
Watertown	6,136	....	....	2	....	2	....	....	....	....	B.M.
New Milford	5,229	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	31,992	....	17	18	1	2	....	....	4	....	....
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	....	....	10	3	....	....	1	....	....
Putnam (city & town)	8,349	....	1	....	....	2	....	....	2	....	....
Plainfield	8,259	....	....	....	....	2	....	....	1	....	B.X.
Killingly (including Danielson)	7,516	....	6	1	20+	....	....	....	....	....	....
Towns under 5,000	15,543	....	19	....	+	....	....	....	....	....	....
MIDDLESEX CO.											
Middletown (city & town)	26,931	1	3	4	....	2	....	....	....	....	....
Towns under 5,000	26,862	....	3	7	1+	6	....	....	3	1	....
TOLLAND CO.											
Vernon (including Rockville)	8,825	....	....	1	....	1	....	....	....	....	....
Stafford (town & boro)	6,242	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	13,317	....	16	....	....	1	....	....	2	....	....

MORBIDITY RATES

February, 1918

RATES BY COUNTIES Representing an annual rate per 10,000 population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Venereal Diseases
State	.7	51.1	16.1	35.8	14.7	.8	.1	12.5	2.4	1.6
New Haven	.5	30.7	12.2	12.5	9.3	1.9	.2	14.7	0.0	.5
Fairfield	.7	101.8	8.1	53.1	19.8	1.0	0.0	11.7	6.0	3.9
Hartford	.7	41.8	24.3	55.9	13.8	0.0	.3	13.4	3.6	2.1
New London	2.3	30.4	21.0	48.0	19.9	0.0	0.0	14.0	0.0	0.0
Litchfield	0.0	24.9	38.1	1.4	17.5	0.0	0.0	7.3	0.0	1.4
Windham	0.0	57.9	2.2	66.8	15.6	0.0	0.0	8.9	0.0	0.0
Middlesex	2.2	13.3	24.4	2.2	17.8	0.0	0.0	6.6	2.2	4.4
Tolland	0.0	68.3	4.2	0.0	8.4	0.0	0.0	8.4	0.0	0.0

DISEASES NOT TABULATED

February, 1918

(C) Chickenpox

Branford	2
Bridgeport	4
Cornwall	++
Cromwell	2
Danbury	1
East Haddam	2
East Haven	1
Fairfield	30
Glastonbury	5
Greenwich	4
Griswold	1
Groton	1
Hamden	1
Hartford	12
Hebron	1
New Britain	3
New Canaan	5
New Haven	1
New London	1
Redding	1
Simsbury	1
Stamford	14
Stratford	9
West Hartford	4

(E) Erysipelas

Bridgeport	2
Hartford	3

(V) Smallpox

Norwich	1
Torrington	1

(X) Septic Throat

Ansonia	2
Berlin	2
Plainfield	1
Voluntown	1

(M) Mumps

Andover	4
Ansonia	6
Avon	1
Bridgeport	4
Bristol	3
Canton	95
East Granby	2
East Haddam	2
East Hartford	1
Greenwich	2
Guilford	4
Hamden	1
Hartford	5
Hebron	1
New Britain	30
New Haven	5
New London	21
North Haven	4
Plainville	200+
Scotland	1
Shelton	1
Simsbury	11
Stamford	1
Stratford	1
Voluntown	2
Watertown	1
West Hartford	1

(B) German Measles

Avon	1
Bethel	2
Bloomfield	4
Branford	1
Bridgeport	5
Bristol	3
Canterbury	4
Cromwell	5
East Hampton	1
East Haven	4
East Lyme	2
Farmington	1
Groton	1
Guilford	24
Hamden	13
Hartford	53
Lyme	1
Madison	14
Manchester	1
Middlebury	+
Milford	2
New Britain	12
New Haven	67
New London	1
Newtown	8
North Canaan	1
North Haven	7
North Stonington	1
Orange	4
Plainfield	3
Plainville	20
Rocky Hill	4
Simsbury	26
Southington	2
Stamford	5
Stonington	1
Stratford	1
Voluntown	1
Watertown	+
West Hartford	11
Wethersfield	4
Winchester	1

(G) Gonorrhoea

Ansonia	1
Bridgeport	10
Cromwell	1
Hamden	1
Hartford	5
Saybrook	1
Winchester	1

(S) Syphilis

Bridgeport	1
Hartford	1

(L) Leprosy

New Haven	1

(O) Ophthalmia

Ansonia	2
Hartford	2
Meriden	1
Simsbury	1
Thompson	1

(T) Trachoma

New Britain	1

DEATHS REPORTED TO THE STATE DEPARTMENT

ALSO BIRTHS AND MARRIAGES

Line Number	Towns of more than 5,000 Inhabitants.	Estimated by Ratio School & U.S. Census 1917	Living Births.	Still Births.	Marriages.	Total Deaths.	Representing Annual Death Rate per 1,000.	Death Rate, Feb. 1917	Deaths by Ages. Under 1 Year.	Deaths by Ages. 1 to 5 Years.	Deaths by Ages. 65 Years and over.
1	State of Connecticut	1,410,665	3132	144	902	1710	14.5	17.6	339	109	59
2	Ansonia,	17,581	61	2	10	13	8.8	17.3	3	1	1
3	Berlin	5,409	13	...	6	2	4.4	12.3	...	...	1
4	Branford,	7,172	16	...	4	1	1.6	13.4	...	...	1
5	Bridgeport,	152,524	467	25	124	225	16.9	19.4	50	19	43
6	Bristol,	19,771	55	1	8	20	12.1	14.4	4	1	10
7	Danbury,	24,053	38	1	6	27	13.4	14.8	5	2	15
8	Darien	8,198	4	...	1	7	5.8	8.1	...	...	3
9	Derby,	10,079	42	2	15	18	15.4	12.4	3	1	8
10	East Hartford,	10,878	18	...	3	13	14.3	9.1	5	...	5
11	Enfield,	11,847	21	3	11	10	10.1	12.4	4	...	4
12	Fairfield,	11,915	22	3	5	8	8.0	13.4	2	...	3
13	Glastonbury	6,302	11	...	4	8	11.4	2.3	2	1	3
14	Greenwich,	18,656	39	2	18	22	12.8	15.7	1	...	7
15	Groton,	7,241	18	...	4	7	9.9	8.8	...	1	3
16	Hamden,	9,301	14	...	1	15	18.0	16.4	2	2	2
17	Hartford,	129,353	375	17	143	217	16.4	19.1	42	9	47
18	Killingly,	7,516	17	1	9	6	9.5	18.7	1	1	...
19	Manchester,	16,836	29	1	13	19	12.1	6.3	4	2	6
20	Meriden,	31,940	77	5	20	57	18.4	14.7	9	6	14
21	Middletown,	26,931	54	1	15	54	12.4	17.9	5	3	17
22	Milford,	10,403	19	...	3	6	5.7	38.1	...	1	4
23	Naugatuck,	13,671	23	1	11	10	8.7	11.1	3	1	2
24	New Britain,	58,440	192	6	28	56	11.4	11.6	13	9	14
25	New Haven,	161,817	413	15	110	218	14.9	16.9	46	15	54
26	New London,	25,648	71	5	23	21	7.4	14.3	5	2	5
27	New Milford,	5,229	3	1	3	5	11.4	25.7	1	1	2
28	Norwalk,	28,660	55	1	25	38	14.2	15.6	3	2	18
29	Norwich,	29,320	56	5	22	38	13.9	13.0	6	4	13
30	Orange,	16,561	16	1	3	12	7.2	11.2	4	...	3
31	Plainfield,	8,259	9	2	3	7	10.1	6.1	3	...	...
32	Plymouth,	7,185	9	...	3	5	8.3	7.5	1	...	1
33	Putnam,	8,349	19	1	2	9	7.1	19.8	1	1	1
34	Seymour,	6,391	10	...	4	11	20.6	26.0	6	...	...
35	Shelton,	8,573	25	...	...2	8	5.5	11.6	2	...	...
36	Southington,	9,312	26	3	2	10	12.8	17.4	3	...	4
37	Stafford,	6,242	7	...	3	4	5.7	24.8	...	...	1
38	Stamford,	40,734	79	1	28	49	12.9	20.2	14	4	13
39	Stonington,	10,667	11	1	6	13	14.6	23.9	2	...	6
40	Stratford,	12,945	22	2	8	11	9.2	22.4	3	1	1
41	Torrington	21,436	46	2	17	16	8.9	12.3	3	1	4
42	Vernon,	8,825	13	...	4	1	1.3	16.4	...	...	1
43	Wallingford,	11,856	15	1	3	11	11.1	8.6	2	...	3
44	Waterbury,	101,660	246	13	69	104	11.8	16.3	24	6	22
45	Watertown	6,136	9	...	6	6	9.7	11.1	2	1	2
46	West Hartford,	7,440	8	...	....	17	27.4	24.9	10	2	2
47	Westport,	5,337	10	...	6	10	13.4	21.7	2	...	2
48	Winchester,	9,910	18	2	1	14	14.5	7.2	...	...	6
49	Windham,	14,178	38	2	10	19	12.6	18.7	6	2	5
50	Windsor,	6,573	10	...	3	7	12.7	18.6	3	...	2
	Total of above towns,	1,195,260	2869	129	828	1485	14.9	18.1	310	102	486
	Towns of less than 5,000,	215,405	263	15	74	225	12.5	14.4	29	7	108

Non-resident deaths in public institutions are not included in the death rates of the towns

OF HEALTH FOR THE MONTH OF FEBRUARY, 1918

FOR JANUARY, 1918

Deaths from Important Causes.															External Causes.					
Typhoid Fever.	Malarial Fever.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria and Croup.	La Grippe.	Tuberculosis of Lungs.	Other Forms of Tuberculosis	Cancer.	Epidemic Cerebro Spinal Meningitis.	Infantile Paralysis	Lobar and Broncho-Pneumonia.	Diarrhoea and Enteritis under 2.	Accident.	Suicide.	Homicide.	Deaths in Institutions.	Deaths of Non-residents.	Line Number.
2	..		6	2	31	11	48	139	20	89	6		307	19	70	17	3	486	190	1
							1	2		2			1		1					2
																				3
																				4
			2	1	6	4	1	17	1	13	1		47	3	9	4	1	85	9	5
					1			3		1			5							6
							1	4		1			4		1			4		7
								1										3	3	8
							1	1		1			2		1			5	5	9
					1								3							10
										2			3							11
								1												12
					1			1					1						1	13
								2		1			5		3			8	2	14
							1			1									1	15
							2	2	1	1			2						1	16
			1	1	4		5	16	3	12			51	1	7	5		122	40	17
					1										1					18
					2		1	2		1			2						2	19
			1		1	1	7	9		3			9		3	1		13	8	20
					2	1	1	3	1	2			12				1	36	26	21
					1					1					1				1	22
													3							23
					3		1	2	1	3			9	1	2			7		24
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2	..		6	2	29	10	40	117	17	72	6		271	16	66	15	3	465	162	
	..				2	1	8	22	3	17			36	3	4	2		21	28	

LABORATORY REPORT — FEBRUARY

C. J. Bartlett, M. D., Director

Bacteriological examinations and analyses

	Pos.	Neg.	Ques	Total
Diphtheria, diagnosis	25	258	..	283
Diphtheria, release	18	99	..	117
Tuberculosis	23	89	..	112
Typhoid	2	15	..	17
Syphilis	77	311	18	406
Gonorrhoea	3	31	..	34
Rabies	6	4	..	10
Glanders	2	18	4	24
Malaria	..	2	..	2
Virulence (diphtheria)	3	4	..	7
Special	1	2	..	3
Milk samples examined (from 12 towns)				95
Water samples analyzed				45
Total Laboratory operations during February				1155

METEOROLOGICAL SUMMARY

Hartford, January, 1918

(From U. S. Weather Bureau Report)

WEATHER

Number of days clear	14
Partly cloudy	6
Cloudy	8
On which .01 inch, or more, occurred	12

SUNSHINE

No. of hours actual sunshine	170.1
No. of hours possible	295.3
Percentage of possible sunshine	58.

PRECIPITATION

Total this month	2.43
Total snowfall	5.8
Greatest precipitation in 24 hours, date 19-20th	0.81
Normal for this month	3.55
Deficiency of this month as compared with the normal	1.12
Accumulated deficiency since Jan. 1	1.67

ATMOSPHERIC PRESSURE

Mean..30.07; highest 30.76..date 22nd.
Lowest 28.90..................date 26th

TEMPERATURE

Highest..56, date 25th; lowest—11 date 5
Greatest daily range 41 .... date 20th
Least daily range 6............ date 28th
Mean highest....34.8; lowest....15.5

Mean for this month	25.2
Normal for this month	27.2
Absolute highest for this month for 14 years	60.
Absolute lowest for this month for 14 years	—11
Average daily deficiency this month as compared with normal	2.0
Accumulated deficiency since January 1	304.
Average daily deficiency since January 1	5.2

WIND

Prevailing direction	S.
Total movement	6,439 miles
Average hourly velocity	9.6

Maximum velocity (in five minutes), 41 miles per hour, from W. on 26th.

DECLINING TYPHOID DEATH RATE

IN THE

STATE OF CONNECTICUT

Year	Population	Deaths in 5 Yrs.	Rate per 100,000 Average for 5 Yrs.	U. S. Registration Area Average for 5 Yrs.
1901 To 1905	908,355 To 989,570	1066	22.4	32.0
1906 To 1910	1,005,894 To 1,114,756	9.48	18.1	25.6
1911 To 1915	1,135,410 To 1,225,339	675	11.4	16.6
1916	1,238,723	93	7.5	13.5
1917	1,265,889	112	8.8	....

The table above includes all non-resident deaths.

The above figures are based upon the U. S. Census computation. As shown by the school enumeration, the 1917 population of Connecticut is nearer 1,410,000. Based on these figures, the 1917 death rate is 7.9.

EVERY TYPHOID DEATH REPRESENTS ABOUT 10 CASES OF THE DISEASE.

The number of cases can be materially lessened,

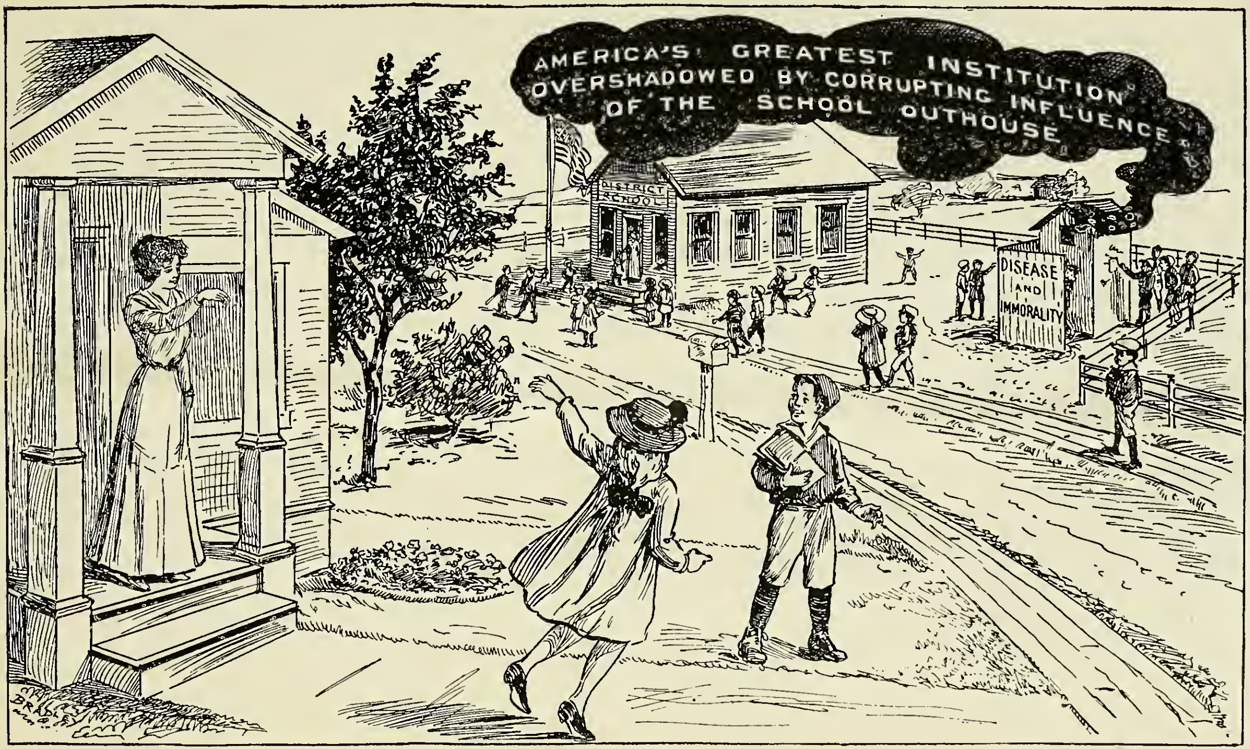
by

careful attention to disposition of the excretions of patients and carriers

by

through investigation of the source of infection in each case. (See page 5.)

CONTINUE THE GOOD WORK


AMERICA'S GREATEST INSTITUTION OVERSHADOWED BY CORRUPTING INFLUENCE OF THE SCHOOL OUTHOUSE
DISTRICT SCHOOL
DISEASE AND IMMORALITY
BRADLEY

See page 9.

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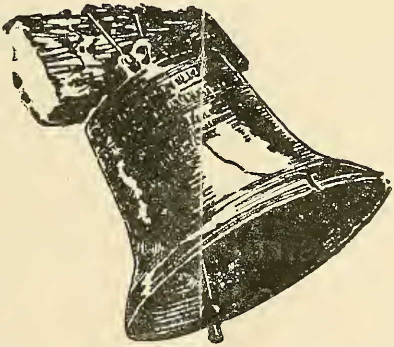
Connecticut
Health Bulletin
Issued Monthly by
The State Department of Health

JOHN T. BLACK, M. D., *Commissioner*

APRIL 1918



This is Your War

Your Country represents the toil, sacrifice and struggle of past generations of Americans. They won its freedom, preserved its integrity and handed it down to you as a priceless heritage and sacred trust.

If the Government asked you to contribute your share of the cost of this War as a *gift*, you would have no just cause for complaint. This is *your* Country and it is to *your* interest to protect *your* property, *your* home and *your* family.

THE STATE DEPARTMENT OF HEALTH

HARTFORD, CONNECTICUT

COMMISSIONER

JOHN T. BLACK, M. D.

DIRECTOR — BUREAU OF VITAL STATISTICS	THE COMMISSIONER
DIRECTOR — BUREAU OF LABORATORIES	C. J. BARTLETT. M. D.
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THE COMMISSIONER OF HEALTH
STATE CAPITOL
HARTFORD

Telephone—Charter 577

CONNECTICUT HEALTH BULLETIN

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VOL. XXXII HARTFORD, APRIL 20, 1918 No. 4

EDITORIAL

The Liberty Loan. War demands sacrifice but the purchase of Liberty Bonds can hardly be classed as a sacrifice when the purchase price with interest will be returned at maturity. The lesson in thrift and economy will offset the temporary inconvenience which some purchasers will experience. Every one should be grateful that they live in a country where the bulk of the burden of war is met by popular loan instead of taxes and should show their gratitude by purchasing at least one Liberty Bond.

Director, Bureau of Vital Statistics. The last legislature provided for an excellent state health organization which included directors for four of its departments. The appointments of directors of the Bureaus of Preventable Diseases, Sanitary Engineering and Laboratories have been announced. Mr. James P. Balfe, formerly Chief Statistician of the Boston Health Department, was appointed Director of the Bureau of Vital Statistics on April 1st. Mr. Balfe comes well recommended by the Chief of the Vital Statistics Division of the U. S. Census Bureau.

Spring Clean Up. Don't for a minute think that endeavors to make the home and community surroundings clean, neat and sanitary should be relaxed because of the various war activities. Effective armies cannot be raised and sustained unless the highest degree of efficiency is maintained at home. Efficiency is dependent upon good health. If you have been a promoter of a clean-up movement, your community may be waiting for you to take the initiative. Do not fail them at this critical time.

Five Thousand Workers Idle. After close study, it has been determined that at least 5,000 workers are idle each day in Connecticut because of illness that is preventable. At an average wage of $2.00 a day, the loss to the wage earners and to the state's property is $3,000,000 annually. One-half of this loss could be *easily* prevented by the application of a relatively small sum of money to health protective measures.

Free Antitoxin. Diphtheria and tetanus antitoxin is supplied free to those persons upon whom the purchase thereof would impose a financial hardship. When a physician charges a patient for antitoxin which he has secured from the health officer free of cost, he is doing the patient an injustice and is defrauding the state. Such a physician was recently arrested and later released by the court on the payment of $25.00 and costs, as he was about to enter the military service.

DRAFT REVELATIONS

Statistics compiled from the recent draft indicate that next to Pennslyvania, Connecticut had the largest percentage of rejections for physical disability of any state in the Union. Almost one-half (46.03%) of our young men are so defective that Uncle Sam cannot use them when the country is in distress. Thirteen states had less than 25% physically unfit and one had less than 15%.

At least 50% of those rejected have defects that are correctable and 75% of those rejected would have been physically fit had they received proper attention during childhood. These rejected young men are still in our midst. The young women of corresponding ages doubtless show a relative physical deficiency. What is being done to correct these conditions and what is being done to save the coming generation from a similar fate?

Volunteer organizations are endeavoring to correct the defects of certain rejected draftees but active health measures should be inaugurated by all established health agencies. The revelations that such a large percentage is unfit for military service is a revelation that there is an enormous loss of efficiency in civil life. It has been truly said that the nation that has the greatest reserve will win this or any war, and this reserve is wholly dependent upon the health and efficiency of the civilian worker.

Activity along health lines must be stimulated and those who have opposed the development, or urged curtailment of health work as a war-time economy must realize that they are making a great mistake.

"For the want of a nail a shoe was lost; for the want of a shoe a horse was lost; for the want of a horse the general was lost; for the want of a general the battle was lost; and all for the want of a horse shoe nail."

Because of the failure of a community to properly protect its workers from disease the horse-shoe nail for which it is responsible may be lost.

CAUSES FOR REJECTION

The examination of the records of the first 10,000 draftees rejected because of physical defects shows the causes and percentage of each as follows:

Cause	Per cent
Alcoholism and drug habit	0.77
Physical undevelopment	4.06
Teeth	8.50
Blood vessels	1.86
Bones	2.96
Digestive system	0.80
Ear	5.94
Eye	21.68
Joints	3.37
Muscles	0.64
Respiratory	1.56
Skin	1.15
Flat foot	3.65
Genito-urinary (non-venereal)	1.39
Genito-urinary (venereal)	4.27
Heart disease	5.87
Hernia	7.47
Mentally deficient	4.53
Nervous disorders	3.77
Tuberculosis	5.37
Under weight	1.59
Ill defined or not specified	8.80

The relative fitness of men from urban and rural districts has been a much discussed question but the records of rejections have decided it almost a tie. The actual figures of the rejections are:

Urban	28.47%
Rural	27.96%

THE INCREASING MENACE OF LOBAR PNEUMONIA.

Lobar Pneumonia to-day causes more deaths than any of the other acute infectious diseases. This is clearly shown in a report recently prepared by the Metropolitan Life Insurance Company on its mortality experience covering the last six years. During this period there occurred nearly thirty-eight thousand deaths from lobar pneumonia among the Industial policy-holders of this Company.

The death rate from lobar pneumonia is not showing improvement from year to year as is the case with most of the other infectious diseases The year 1916 was an especially bad one for this disease, the rate having increased very perceptibly over the preceding four years. The very severe grippe epidemic which prevailed in 1916 may have had some bearing upon this result.

In view of these facts it is clear that a vigorous public health campaign must be directed by communities against the ravages of lobar pneumonia. Some health departments have already taken a forward step in declaring lobar pneumonia a reportable disease, like measles and scarlet fever, requiring visitation by the health departments to insure quarantine. This is a new idea for most people. There are, undoubtedly, millions of persons in the country who would not go into a house where there was measles, scarlet fever, whooping cough or diphtheria, but who would not hesitate to go into a sick room where there was a case of acute lobar pneumonia. Nevertheless, the best medical authorities have shown that this disease is extremely infectious, and that those who are stricken with it have a worse chance of recovering than if they had any of the infectious diseases mentioned.

More states and cities should require that physicians report every case of lobar pneumonia and must enforce this requirement. Communities can also help by checking the nasty habit of spitting in public places, which is probably the most fruitful method of spreading the germ of pneumonia.

The form of pneumonia known as broncho pneumonia is also a serious factor in the death rate, especially of young children; but must not be confused with the infectious disease which health departments are now taking steps to quarantine.

Note — Lobar Pneumonia is now a reportable disease in this state.

Editor.

THE SANITARY DANGERS FROM DOMESTIC PETS.

A report on an epidemic of virulent smallpox in one of the southwestern states, submitted to the Surgeon General of the Public Health Service by one of the officers of that corps, sets forth with renewed emphasis the role that domestic pets may play in the transmission of disease, especially among children. The instance cited was that of a fatal case of smallpox in an infant in arms. The nearest case of the disease was in a house a block or so distant, and although the two families had no social relations, this apparently did not deter a dog belonging to the infected family from dividing his attention impartially between the two homes, eating at one place and sleeping at the other.

In no other way could the source of the infection of the baby be explained. than that the dog fondled by the children of the smallpox family carried the virus of the disease to the neighbor's baby. Similar instances have been noted before in connection with smallpox transmission, and cats and dogs both have been incriminated as carriers of plague infected fleas — cases of bubonic plague so contracted having been observed by Public Health Service officers working in recent plague epidemics. The same household pets also have been charged in certain instances with the responsibility of carrying the infection of diphtheria, scarlet fever and other communicable diseases of children. as well as various intestinal parasites.

A disease that annually causes more than one hundred deaths in this country is rabies, and the role of domestic animals in spreading this disease is definitely proven, speculation or circumstantial evidence being discarded.

Altogether therefore, it is perfectly evident that the citizen who keeps domestic pets maintains at the same time a very potential source of danger; a sanitary menace to his own household and to that of his neighbor. While this aspect of the subject applies year in and year out, it may well behoove the city dweller in these times of urgent demand for food conservation to seriously take council with himself as to whether he is justified in continuing to keep his dog or his cat, both of which are casual sources of mental annoyance to neighbors, as well as agents for graver potentialities.

Doctors Attention!

Subject: AN APPEAL FOR MORE DOCTORS

From: The Surgeon General.

To: Editor, Connecticut Health Bulletin,
Hartford, Connecticut.

Subject: Medical Reserve Corps.

1. I wish to call to the attention of the profession at large the urgent need of additional medical officers. As the war progresses the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other profession, future response must be greater and greater. The Department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession at large the necessity for additional volunteers. So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active, or the fighting phase, a phase which will make enormous demands upon the resources of the country. The conservation of these resources, especially that of man-power depends entirely upon an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half of men will be in France. Fifteen thousand medical officers will be required for that army alone. There are today on active duty 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are at this time on the available list of the Reserve Corps, an insufficient number of officers to meet the demands of this draft.

4. I cannot emphasize too strongly the supreme demand for medical officers. Will you give the Department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points as well as at all Army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the Army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirements for commission in the Medical Reserve Corps, are that the applicant be a male citizen of the United States, a graduate of a reputable school of medicine, authorized to confer the degree of M. D., between the ages of 22 and 55 years and professionally, morally and physically qualified for service.

6. With deep appreciation of any service you may be able to render the Department, I am

(Signed) J. C. GORGAS.

Surgeon General, U. S. Army.

NOSE CULTURES.

Concrete examples may carry conviction when general statements make little impression. Such an example has just come to this Laboratory and it should be made known to every physician in the state who has to do with contagious diseases. One of our state institutions has been having diphtheria among its inmates during practically the entire winter. This Laboratory has been called upon to examine a large number of throat cultures for them, a few cultures from the nose, and to make virulence tests, but until recently no systematic taking of cultures from the nose had been begun. On March 16 we received from that institution swabs taken in duplicate from both nose and throat from thirty-four cases. Of the cultures made from these, three only showed diphtheria bacilli in both nose and throat; seven were positive from the throat but negative from the nose; while *seven others which gave negative results from the throat were positive in the nose cultures*. If the ordinary routine cultures alone had been taken, seven of these cases would have been unrecognized by the Laboratory and would have still continued to spread the disease. The conclusion is evident without argument. Under no circumstances should a person who may harbor diphtheria bacilli, either as an active or cured case of the disease or as a carrier, be discharged until *both* nose and throat cultures give negative results.

C. J. Bartlett, M. D.

FOLLOWING UP TUBERCULOSIS SOLDIERS

The Surgeon General of the Army recognized at the beginning of the war the necessity of eliminating tuberculosis from the Army as completely as possible.

Specialists in tuberculosis and internists of known ability have been commissioned to serve as experts in the camps and cantonments. Under them are the Tuberculosis Reviewing Boards, each composed of from eight to twelve physicians who have had special training in the diagnosis of tuberculosis. Most of these men are commissioned officers of the Medical Reserve Corps.

In a general way the procedure in dealing with tuberculosis at the camps is as follows:

Recruits upon arrival at camp are examined rapidly by regimental surgeons. Cases that present evidence of disease of the chest are referred to the tuberculosis expert, who determines whether the disturbance is tubercular or not. If tubercular, the man is recommended to the Physical Disability Board for immediate discharge.

Doubtful cases are sent to the base hospital for observation. The temperature is taken every two hours and a complete personal and family history obtained. If there is sputum, it is examined every day for three days. Plates of the chest are developed for steroscopic examination. The director of the laboratory reports his interpretation in writing. The expert usually examines the plates also. When the diagnosis is determined the expert again recommends rejection or retention, as the case may be. Not every man who is found to have been infected by tubercle bacilli is discharged from the service. The Surgeon General has laid down the rules governing the findings which are necessary before discharge may be granted.

Those men discharged from the camps because of tuberculosis and "not in line of duty" will number, according to estimates of the Surgeon General's office, about 1 per cent of the drafted army (i. e., of the first draft). While at Camp Kearney, Cal., 3.95 per cent, were discharged for this cause, in some other camps the number is less than 1 per cent. Many hundreds of these were previously unknown cases. So while the tuberculosis problem is no greater than before the declaration of war with Germany our knowledge of it is very much more enlightened and therefore the sense of responsibility deepened. There is apparent a very keen interest in these unfortunates returned from the camps and a warm desire to perform some service for them.

By courtsey of the Surgeon General the names and addresses of those discharged are being furnished to the National Association, which, acting as a clearing house, is forwarding them to the appropriate state boards of health and anti-tuberculosis associations. Since March 1st the division directors of civilian relief have also been receiving lists. This will mean that each man whose name is received is put into touch with three different groups. The necessity for close co-operation between these groups is clearly apparent.

The National Association is urging a plan of co-operation. The first agency that should get in touch with these cases should be the Board or Department of Health, either state or local. These authorities are entrusted with the responsibility for the control of tuberculosis, and theirs is the primary responsibility to the individual and the community. The function of the anti-tuberculosis society, in relation to the cases, should be to see that each individual is properly followed up and that the interests of the men as well as of the community are safeguarded. It should visit and direct the individual case only when assistance is required by the health authorities. The Home Service Sections of the Red Cross to whom this information will be transmitted should be prepared to supplement the efforts of the other organizations when called upon by them to act where relief is shown to be necessary, the Red Cross will administer it in accordance with approved standards, as provided by the Director General of Civilian Relief. In other words, the method of approach should be in this sequence:

First, Board of Health; second, Anti-Tuberculosis Society; and third, Red Cross. EXTRACTS *from Bulletin Nat. Assn. Prev. Tuberculosis.*

BIRTHS AND MARRIAGES

FOR THE MONTH OF FEBRUARY, 1918

Line Number	Towns of more than 5,000 Inhabitants.	Estimated by Ratio School & U.S. Census 1917	Living Births.	Still Births.	Marriages.
1	State of Connecticut	1,410,665	2717	107	826
2	Ansonia, ...	17,581	40	1	17
3	Berlin, ...	5,409	6	. . .	2
4	Branford, ...	7,172	8	1	8
5	Bridgeport, ...	152,524	377	20	117
6	Bristol, ...	19,771	34	. . .	5
7	Danbury, ...	24,053	34	2	11
8	Darien, ...	8,198	2	. . .	2
9	Derby, ...	10,079	46	2	11
10	East Hartford, ...	10,878	20	. . .	2
11	Enfield, ...	11,847	39	. . .	11
12	Fairfield, ...	11,915	24	. . .	8
13	Glastonbury, ...	6,302	7	. . .	5
14	Greenwich, ...	18,656	33	. . .	20
15	Groton, ...	7,241	7	. . .	6
16	Hamden	9,301	17	. . .	1
17	Hartford, ...	129,353	246	13	115
18	Killingly, ...	7,516	13	. . .	4
19	Manchester, ...	16,836	37	. . .	9
20	Meriden, ...	31,940	66	4	19
21	Middletown, ...	26,931	38	3	10
22	Milford, ...	10,403	11	2	6
23	Naugatuck, ...	13,671	28	. . .	5
24	New Britain, ...	58,440	166	7	37
25	New Haven, ...	161,817	391	13	109
26	New London, ...	25,648	51	2	28
27	New Milford, ...	5,229	7	. . .	3
28	Norwalk, ...	28,660	54	2	9
29	Norwich	29,320	54	1	24
30	Orange, ...	16,561	19	. . .	5
31	Plainfield, ...	8,259	12	. . .	3
32	Plymouth, ...	7,185	5	. . .	5
33	Putnam, ...	8,349	6	3	9
34	Seymour, ...	6,391	13	1	3
35	Shelton, ...	8,573	23	. . .	1
36	Southington	9,312	19	. . .	3
37	Stafford, ...	6,242	11	1	2
38	Stamford, ...	40,734	86	3	26
39	Stonington, ...	10,667	16	. . .	4
40	Stratford, ...	12,945	21	1	1
41	Torrington, ...	21,436	47	3	5
42	Vernon, ...	8,825	11	1	3
43	Wallingford, ...	11,856	25	4	2
44	Waterbury, ...	101,660	257	6	71
45	Watertown, ...	6,136	7	. . .	5
46	West Hartford, ...	7,440	10	1	2
47	Westport, ...	5,337	6	. . .	2
48	Winchester, ...	9,910	15	2	5
49	Windham, ...	14,178	23	2	4
50	Windsor, ...	6,573	1	1	2
Total of above towns,		1,195,260	2489	102	767
Towns of less than 5,000		215,405	228	5	59

Notice

For many years, owing to the different dates on which Birth and Death records are filed with the State Departments, each issue of the Bulletin has published Mortality Statistics with the Birth and Marriage statistics of the preceding month. This has resulted in more or less confusion to those studying these tables.

For this reason Mortality and Morbidity statistics are omitted in this issue. ALL March statistics will be published in the May issue.

The date of publication will be changed from the 20th to the 1st of the month beginning with the May issue.

LABORATORY REPORT — MARCH

C. J. Bartlett, M. D. Director

Bacteriological examinations and analyses

	Pos.	Neg.	Ques.	Total
Diphtheria diagnosis	161	418	..	579
Diphtheria, release	25	62	..	87
Tuberculosis	31	111	..	142
Typhoid	8	23	..	31
Syphilis	82	376	18	476
Gonorrhoea	1	17	..	18
Rabies	1	8	..	9
Glanders	..	12	2	14
Malaria	..	3	..	3
Virulence (diphtheria)	1	3	..	4
Miscellaneous	1	..	..	1
Milk samples examined (from 12 towns)				134
Water samples examined				162
Samples of sewage and effluents examined				6
Total Laboratory Operations during March				1,666

METEOROLOGICAL SUMMARY

Hartford, March, 1918

(From U. S. Weather Bureau Report)

WEATHER

Number of days clear	14
Partly cloudy	10
Cloudy	7
On which .01 inch, or more, occurred	8

SUNSHINE

No. of hours actual sunshine	234.0
No. of hours possible	370.6
Percentage of possible sunshine	63.

PRECIPITATION

Total this month	2 58
Total snowfall	7.1
Greatest precipitation in 24 hours, date 9-10th	1.23
Normal for this month	4.32
Deficiency of this month as compared with the normal	1.74
Accumulated deficiency since Jan. 1	3.41

ATMOSPHERIC PRESSURE

Mean. .29.98; highest 30.51. .date 11th
Lowest 29.46..................date 15th

TEMPERATURE

Highest 69, date 31st; lowest—11 date 11th
Greatest daily range 35 .... date 21st
Least daily range 5............ date 1st
Mean highest....48.7; lowest....28.2

Mean for this month	38.4
Normal for this month	35.0
Absolute highest for this month for 14 years	80.
Absolute lowest for this month for 14 years	4.
Average daily excess this month as compared with normal	3.4
Accumulated deficiency since January 1	196
Average daily deficiency since January 1	2.2

WIND

Prevailing direction	N W.
Total movement	6,554 miles
Average hourly velocity	8 8

Maximum velocity (in five minutes), 45 miles per hour, from N. W. on 3rd

SANITARY AND MORAL PROBLEMS cannot be solved by building hospitals, prisons and reformatories. Such institutions are in a great degree monuments to our ignorance. The number of delinquents and dependents in any state are in direct ratio to the number of defectives; and it is within the power of man to eliminate defectives.

Indiana Bulletin.

U. S. DEPT. OF AGRICULTURE

U. S. FOOD ADMINISTRATION

MILK

The Best Food We Have

GIVE YOUR CHILDREN MILK

A QUART a day for every child, if possible, a pint without fail. Plenty of milk will help give all your children, big and little, the chance for health they ought to have. Buy more milk and less meat and your family will be better fed.

MILK HELPS YOUR CHILDREN TO GROW. Besides well-known food substances it has something special which they must have to grow. Your children can get a little of this from other foods, but not enough. Give your boys and girls milk for their chance to grow

MILK HELPS YOUR CHILDREN TO KEEP WELL. Look at children who do not get milk, but get tea and coffee instead. Aren't most of them pale and sickly? There are always very many sick children in cities and in countries where milk is scarce. When milk prices go up and mothers begin to economize on milk more children become sick. Do not let your children run this risk. Give them fresh, clean milk and help them to grow up strong and well and win in their fight against disease. Save on other things if you must, but not on milk, your child's best food.

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CONNECTICUT
HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

MAY—1918

"Next to the duty of doing everything possible for the soldiers at the front, there could be, it seems to me, no more patriotic duty than that of protecting the children." *President Wilson.*

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CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 32 MAY, 1918 No. 5

A Duty Defined

The White House

Washington, March 29, 1918.

My dear Mr. Secretary:—Next to the duty of doing everything possible for the soldiers at the front, there could be, it seems to me, no more patriotic duty than that of protecting the children, who constitute one-third of our population.

The success of the efforts made in England in behalf of the children is evidenced by the fact that the infant death rate in England for the second year of the war was the lowest in her history. Attention is now being given to education and labor conditions for children by the legislature of both France and England, showing that the conviction among the allies is that the protection of childhood is essential to winning the war.

I am very glad that the same processes are being set afoot in this country, and I heartily approve the plan of the Children's Bureau and the Woman's Committee of the Council of National Defense for making the second year of the war one of united activity in behalf of children, and in that sense a children's year.

I trust that the year will not only see the goal reached of saving 100,000 lives of infants and young children, but that the work may so successfully develop as to set up certain irreducible minimum standards for the health, education, and work of the American child.

Cordially and sincerely yours,
WOODROW WILSON.

To the Secretary of Labor.

Editorial

Are We Awake?

One needs but to get in touch with those directing the prosecution of the war to be impressed with the magnitude and importance of the industrial and military operations in Connecticut. To indicate the location of these operations, their diversity, and in what way they are of vital importance would be most interesting, but enough has been said to indicate that our responsibility is great. Are we, as public officials and citizens, awake to our duty and to our privilege?

When Baby is Sick the Employer Loses.

Can you imagine the father of a sick baby taking up his day's work with the energy and enthusiasm necessary for efficiency and dispatch? Is not the welfare of employees' families a pertinent question for employers to consider, particularly at this time when efficiency is at a premium? The support of all health work is a good business proposition.

Glass in Candy.

There has been considerable concern over the possible introduction of glass into candy, as a pro-German activity. In only one case out of a hundred where glass was suspected has it been found. But even if a concerted effort along this line was attempted, it would be quickly discovered and the damage would be comparatively slight.

Flies in Milk.

Greater concern should be felt over flies in milk. Thousands of people are killed annually because flies are permitted to gain access to food and drink. The German knows this well, and he knows the great value of efficient health administration. He could incite no more effective propaganda than that of opposition to existing or proposed health activities.

Ten Days in Overalls

A certain group of business men in the state have inaugurated a movement whereby every subscriber agrees to hire out for work ten days on a farm during the coming summer. The weeds they pull will doubtless aid in increasing production of food, but a far greater benefit will be derived from the renewed energy with which these leaders of industry will take up their usual occupation after a real, healthy vacation.

Out at Last

After many distracting delays the Sanitary Code has left the press and will probably be in the hands of every physician, midwife, druggist and undertaker by the time this Bulletin has reached you. A chapter on sanitation is being prepared and will be submitted to the health officers for their consideration before adoption. Copies of Chapter I, Communicable Diseases, which is now ready, will be mailed to any citizen on request.

Pills for the Kaiser.

The Kaiser is afflicted with a most serious malady. Dr. Wilson says he must have medicine regularly and in large doses. It is a case of kill or cure. Every dollar contributed to the war chest and every dollar spent for the welfare and health of our soldiers and civilian workers is a pill for the Kaiser. It's up to you to see that the Kaiser gets his medicine.

Late Bulletins

In war time we must have patience and wait for many things. This month we have waited on the printer No doubt there will be more late Bulletins. We will have to be patient and be thankful that even late issues are possible.

Have You a Friend

Have you a friend or neighbor who would be benefited or interested by reading a bit of health news each month? The Health Bulletin will be sent free to anyone on request.

Fire Losses and Baby Losses.

The public demands protection from the ravages of fire because the efficiency of a good department with modern apparatus has been demonstrated. It will not be long before the protection of infants will receive the same consideration. The value of child life from an economic standpoint is being recognized, as well as the practicability of the measures applied for the conservation of child life.

Fires are spectacular, destruction is rapid and the loss is evident. Newspapers in large head lines depict the event and compute the financial loss. The public is fully informed.

The destructive forces of child life work quietly and insidiously. In a remote corner of the newspaper a little three line item chronicles the death of a child. The family of the dead are the only ones really impressed with the loss.

Long ago we would have had most efficient health departments if microbes were wolves robbing us of our children, if flies were vultures carrying them off in their talons, or if impure milk was the poison of a reptile in the brush.

Now that we know the children's enemies and where to find them, they can be as easily combatted as a multitude of wolves, vultures and snakes. They must be destroyed, and the thousands of helpless children saved.

No citizen should rest until he can point to the health department with the same, or greater pride than he can point to the now well organized and equipped fire department.

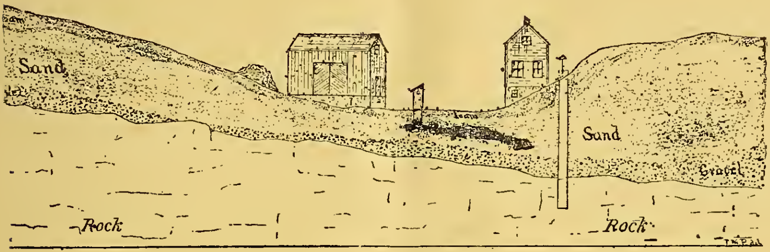
The Well.

The safeguarding of water supplies is a duty imposed upon health officials. Local health officers are generally watchful of public supplies within their jurisdictions, and the state department has definite powers and duties for the protection of these supplies.

Wells and springs, however, do not receive the attention they should have. As there are 885,000 people using water from public supplies in the state, the remainder, over 500,000, are securing water from sources not as a rule under supervision.

Estimating on the basis of one well to five people there are 100,000 wells requiring the attention of the health officers of the state. There should be in every health office in the state a list of ALL the wells within its jurisdiction with those in need of close watching clearly marked. If such a list is not on file the health officer should at once start a systematic inspection of all wells and springs used for drinking purposes or for washing milk utensils.

The accompanying cut shows how a seemingly well located well may, because of its depth, become contaminated by a privy apparently well placed. This emphasizes the need of careful and intelligent supervision of all wells.



A Dangerous Well.

As an aid in determining whether a particular well is furnishing safe water these suggestions are offered:

1. See that the brow of the well is sufficiently high above the level of the ground and is tight enough to keep out surface water and small animals.

2. The well cover, particularly if trod upon, should be tight and closely set upon the brow.

3. The run-off from pump or tub should carry waste water beyond the possibility of its returning to the well.

4. Surface drainage should, by grading, be directed away from the vicinity of the well.

5. Cesspools, privy vaults and stable yards should be considered as to the possibility of contamination of the well by storm conditions or sub-soil seepage.

6. As far as possible the general direction of underground water flow should be ascertained, keeping in mind the depth of the well and its relation to possible contaminating influences.

7. In every case of doubt take a sample of water for analysis.

The department is anxious that health officers take up this important work, much of which can be accomplished in spare time. It would be a great satisfaction to the health officer to be able to have in his possession a list of all the wells in his town and be able to point to the ones he deems unsafe or in need of careful watching.

Inspection blanks for well and spring inspections will be furnished health officers on request, and a sample case for securing water for analysis will be sent to any health officer who desires to use this method for determining the purity of water.

Dog Bite and Pasteur Treatment.

T. Eben Reeks, M. D.

Many inquiries are received at this office regarding the care of persons bitten by dogs. Chapter 170, 1907, and Chapter 55, 1909, state that the Commissioner of Domestic Animals or his agent shall assume full charge of a dog reported to be mad; also when a registered physician shall certify that a person is in need of Pasteur Treatment, the Selectmen of the town, the Mayor of the city, or the Warden of the borough shall immediately provide for said treatment, and the town shall pay the necessary expenses. In turn, the town is reimbursed by the State Treasurer.

The Mayor or Selectman very wisely often refers the matter of supervision to the health officer who should be conversant with the following facts relative to Rabies and its prophylactic treatment:

1. If a dog is thought to be mad, but does not exhibit symptoms, it should not be immediately killed but should be confined and carefully watched. If it is rabid, symptoms will invariably show within one week.

2. As soon as symptoms are evident, the dog should be shot, its head removed, packed in ice and sent to the Laboratory of the State Department of Health for examination. A report will be returned within 24 hours after the head reaches the Laboratory.

3. Should the dog exhibit symptoms at the time of biting the person, or if the dog cannot be found, or has been destroyed before examination, anti-rabic treatment should be instituted at once.

4. The time spent in watching a dog for symptoms need not alarm the patient unless the bite has been severe, in which case, it is safest to start the treatment right away and continue it until a positive diagnosis has been made of the dog's case.

5. After an infection never less than 2½ weeks, usually 6 weeks, elapse before Rabies develops. It may develop as late as one year after injury. It requires about 15 days to induce an active immunity to the disease by means of Pasteur Treatment.

6. The treatment is prophylactic, not curative; it is of no value once symptoms of the disease are present. However, it is 99% protective if started within one week after infection is received. In very severe injuries, authorities recommend giving a second treatment three weeks after the first is completed.

7. The technique is precisely that of giving Diphtheria antitoxin. The same aseptic care is required—no more, no less. Any physician capable of properly administering antitoxin, can give rabic virus.

8. It is not necessary to send the patient away for treatment; indeed, in numerous instances, home treatment has many advantages over hospitalization:

(a) The patient is able to continue with his usual duties.
(b) The anxiety is lessened by the mind being occupied.
(c) The expense to the patient by loss of time is reduced to a minimum, and the treatment consumes only the time necessary to visit the doctor's office regularly for 18 days.

9. The treatment should be obtained from any of the reliable biological houses. It comes in two styles: First, a syringe is supplied with each treatment; second, the virus is sent in vials to be used in one's own syringe. In either case, the treatment is sent daily and costs about $50 for the syringe style and $25 for the vial type. The bulk in each treatment is comparable to that of an ordinary dose of diphtheria antitoxin.

The virus should be ordered by wire, followed by letter. The order should give name and age of patient, date and extent of injury as (severe or mild) injury of bare hand; or, mild injury of arm (or leg) through clothing. State also whether wound was cauterized and method employed. (Fuming nitric acid applied on a toothpick, is one of the best cauterizing agents. It should be used not later than a few hours after injury. Wounds of the face should be cauterized by iodine, as nitric acid is very destructive to the tissues. Carbolic acid is not efficient.)

Each treatment is usually sent in a vacuum bottle in order to keep it cool. It is worth while to call attention to the necessity of removing the cork of the vacuum bottle when placing it in an ice box, otherwise the temperature of the box will not reach the virus as intended.

Full directions to the doctor and patient are sent by some makers with the outfit.

Good Government

"The first requisite for national preparedness, in view of the complicated, costly and scientific military apparatus now employed in warfare is a highly efficient civil government. The main efficient in modern warfare is a treasury balance on the right side, a prosperous national agriculture, and a rich and profitable national commerce. In a strong government all the national industries and organizations are sustained and made successful by judicious and highly scientific measures. Nothing good in the state is allowed to fall down. The education, the morale, the health and the prosperity of the individuals of the nation are at all times maintained by governmental regulations at the highest stages of national efficiency. This desirable condition can be brought about only by a government conducted on the highest possible plane. Good government is essential to a strong and powerful nation and to preparedness."—*Jurist.*

Populations

The long interval of ten years between the U. S. censuses seriously impairs the value of statistics based on a previous census during the last few years of a census interval.

Under the stress of war, with its attendant shifting of masses, it be comes practically impossible to use the census of 1910 as a basis for calculation of population.

Connecticut particularly has shown abnormal increase of population in many cities and localities, death and birth rates have become ridiculous, a new method of calculating populations had to be adopted. Beginning with January of this year populations have been calculated from the school census of 1917 by comparing the school census of 1910 in ratio to the actual census of 1910.

The school census is carefully taken annually under state supervision and is so checked that it is reasonably accurate.

Securing a population estimate by this method does not, however, make allowance for the large number of single persons and young married people who have come to work in the many factory towns of the state. As no satisfactory method has been devised for ascertaining the numbers included in this class it has been necessary to ignore them in our estimate.

But one city in the state has taken an actual census within the last year and by giving this census with the estimate secured by the various methods of calculating, the difficulty in securing a true figure is apparent.

BRIDGEPORT POPULATION 1917.

By U. S. census method	124,717
By School census method	152,524
By Actual City census	172,113
By U. S. Est. from draft registration	278,906

It can be clearly seen that a population calculated on the school census is conservative and is the only one that can be applied to all cities and towns throughout the state. All statistics based on population given in the Health Bulletin will follow this method until the taking of the next census in 1920. Annual reports will doubtless carry both the populations by the U. S. census method and the school census method.

Laboratory Notes

The Commissioner has recently received a communication from a hospital physician who has frequent occasion to take Wasserman tests, commenting on the almost invariable consistency of the laboratory findings with the diagnosis as otherwise determined. Many others have expressed their satisfaction with the excellent service now rendered. Every physician is entitled to this service free.

Dogs' heads, water containers and milk cases shipped by express have in the past been subject to long delays in transit. The Public Utilities has directed that these be handled as special shipments with special delivery, provided a special label is attached. Hereafter these labels will be enclosed in empty containers to be attached by the shipper. Extra labels will be supplied on request.

Physicians and health officers are invited to spend a day at their convenience, visiting the laboratory at New Haven. Take a day off and familiarize yourself with the work and methods employed, Professor Bartlett will be glad to see you any time.

Laboratory Statistics-March, 1918

DIAGNOSTIC DIVISION	
Typhoid	31
Diphtheria (diagnosis)	579
Diphtheria (release)	87
Tuberculosis	142
Syphilis	476
Gonorrhoea	18
Glanders	14
Malaria	3
Rabies	9
Virulence test (diphtheria)	4
Miscellaneous	1
Total	**1364**

CHEMICAL DIVISION	
Water	162
Milk	134
Sewage	6
Total	302

SPECIAL DIVISION	
Water	0
Industrial Waste	0
Sewage	0
Total all laboratories	**1666**

Vital Statistics, March

Beginning with this number all statistical tables and reports of a particular month will be published in a single issue. Comments on the advantages of this change are unnecessary.

Slight changes and some additions will be noted in the tables. These will increase their usefulness by enabling wider comparison.

A quarterly meteorological table will be substituted for the monthly table formerly published.

Health officers are urged to study the statistics of their towns and compare them with those of the state and of other towns of a comparable size.

MARCH—FOR FIVE YEARS

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2751 27.5	2745 26.9	3062 29.6	3187 30.2	**3308** ***28.1**
MARRIAGES, *Marriage Rate,*	427 4.2	348 3.4	695 6.7	555 5.2	**548** ***4.6**
DEATHS, *Death Rate,*	1831 18.6	1783 17.8	1773 17.3	1994 19.3	**2003** ***17.0**
COMMUNICABLE DISEASES, DEATHS, *Per Cent of Total Deaths,*	246 13.4	197 11.0	249 14.0	260 13.6	**242** **12.0**
DEATHS UNDER 1 YR. *Rate per 1,000 Births,*	308 115.8	311 114.0	299 104.0	313 101.2	**321** **103.8**

*1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

COMMUNICABLE DISEASES—MARCH, 1918

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Cerebro-Spinal Meningitis	Poliomyelitis	Tuberculosis	Pneumonia, Lobar	Other Com. Diseases
State Total	**1,410,665**	**11**	**773**	**178**	**448**	**203**	**12**	**1**	**178**	**75**	**1123**
NEW HAVEN CO.											
New Haven	161,817	1	107	3	69	16	1	...	36	....	72
Waterbury	101,660	1	11	16	8	14	1	...	14	....	....
Meriden (city & town)	31,940	...	12	11	....	10	...	...	12	....	6
Ansonia	17,581	1	2	1	....	....	1	...	4	....	2
Orange, inc. West Haven	16,561	...	....	2	1	....	...	...	....	1	21
Naugatuck	13,671	...	1	1	....	....	1	...	....	....	....
Wallingford (town & boro.)	11,856	1	2	3	1	1	1	...	....	....	1
Milford	10,403	...	42	....	7	....	...	...	2	....	2
Derby	10,079	...	....	1	....	....	...	...	1	....	....
Hamden	9,301	...	....	2	....	1	...	...	....	....	6
Branford (town & boro.)	7,172	...	5	1	....	....	...	...	5	....	14
Seymour	6,391	...	....	1	....	....	...	...	2	....	....
Towns under 5,000	23,549	...	5	1	21	....	...	...	1	....	61
FAIRFIELD CO.											
Bridgeport	152,524	...	29	10	51	44	1	...	23	28	54
Stamford (city & town)	40,734	...	77	3	25	6	...	...	7	2	20
Norwalk	28,660	1	9	....	....	1	...	...	2	5	....
Danbury (city & town)	24,053	...	25	1	....	1	...	...	3	....	2
Greenwich (town & boro.)	18,656	...	81	2	....	11	1	...	2	....	41
Stratford	12,945	...	3	....	4	1	...	...	....	....	10
Fairfield	11,915	...	1	....	93	5	1	...	....	....	....
Shelton	8,573	...	....	....	....	1	...	...	....	....	2
Darien	8,198	...	25	....	....	....	...	...	1	....	....
Westport	5,337	...	1	....	....	....	...	...	....	....	1
Towns under 5,000	26,584	...	73	2	†	3	...	...	1	7	38
HARTFORD CO.											
Hartford	129,353	1	33	21	84	25	2	1	26	....	111
New Britain	58,440	1	73	22	13	11	...	...	9	8	119
Bristol (city & town)	19,771	1	4	7	....	....	...	...	5	....	15
Manchester	16,836	...	....	1	....	....	...	...	....	....	....
Enfield	11,847	...	14	1	....	1	...	...	....	....	1
East Hartford	10,878	...	....	1	1	....	...	...	2	....	....
Southington	9,312	...	1	....	....	1	...	...	2	....	....
West Hartford	7,440	...	....	2	2	1	...	...	1	1	22
Windsor	6,573	...	....	....	....	1	...	...	....	....	....
Glastonbury	6,302	...	25	2	9	....	...	...	....	....	9
Berlin	5,409	...	....	3	....	....	...	...	1	....	1
Towns under 5,000	47,958	1	21	5	22	6	...	...	1	3	231
NEW LONDON CO.											
Norwich (city & town)	29,320	...	2	6	1	5	...	...	1	4	....
New London	25,648	...	3	9	....	3	1	...	2	....	12
Stonington (town & boro.)	10,667	...	11	9	1	2	...	...	1	....	1
Groton (town & boro.)	7,241	...	20	4	4	....	...	...	....	1	4
Towns under 5,000	29,600	1	7	3	12	3	...	...	2	1	17
LITCHFIELD CO.											
Torrington (town & boro.)	21,436	...	....	....	....	4	...	...	....	....	1†
Winchester (inc. Winsted)	9,910	...	....	4	....	....	...	...	2	....	1
Plymouth	7,185	...	....	....	....	1	...	...	....	....	....
Watertown	6,136	...	....	....	....	4	...	...	1	....	1†
New Milford	5,229	...	....	....	....	....	1	...	2	....	2
Towns under 5,000	31,992	...	22	4	4	....	...	...	2	7	87
WINDHAM CO.											
Windham (inc. Willmantic)	14,178	...	....	1	....	2	...	...	....	....	....
Putnam (city & town)	8,349	...	....	....	....	....	...	...	....	....	....
Plainfield	8,259	...	....	....	....	....	...	...	2	....	1
Killingly (inc. Danielson)	7,516	...	....	1	....	1	...	...	....	....	....
Towns under 5,000	15,543	...	....	1	2	....	...	...	....	2	15
MIDDLESEX CO.											
Middletown (city & town)	26,931	...	1	4	9	16	...	...	....	....	11
Towns under 5,000	26,862	...	14	6	4	1	...	...	....	2	104
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	...	....	....	....	....	...	...	....	3	....
Stafford (town & boro.)	6,242	1	....	....	....	....	...	...	....	....	1
Towns under 5,000	13,317	...	11	....	....	....	...	...	....	....	3

*Epidemic—Chickenpox.

†Epidemic—German Measles

BIRTHS, MARRIAGES and DEATHS

March **1918**	**Population** Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	Death Rate All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Death Rate Children under 1 year (per 1,000 births	Under 1 year	1 to 5 years	Over 65 years
State	**1,410.665**	**3321**	**136**	**548**	**2003**	**17.0**	**1.3**	**102.7**	**321**	**146**	**59,1**
Ansonia	17,581	41	....	10	23	15.6	1.3	154.3	8	1	5
Berlin	5,409	6	....	1	4	8.8	....	155.8	1	1	1
Branford	7,172	13	1	1	5	8.3	....	.....	....	1	3
Bridgeport	152,524	423	21	74	293	22.0	1.6	131.4	56	29	55
Bristol	19,771	50	5	6	20	11.5	1.8	77.9	4	4	3
Danbury	21,053	42	2	8	30	13.9	1.9	25.1	1	1	15
Darien	8,198	6	1	1	5	4.3	1.4	.....	....	....	3
Derby	10,079	48	3	3	22	19.0	1.1	95.5	4	3	5
East Hartford	10,878	20	....	4	13	14.3	3.3	105.7	2	1	5
Enfield	11,847	31	1	7	8	8.1	....	35.1	1	....	3
Fairfield	11,915	26	1	1	7	7.0	1.0	86.6	2	....	2
Glastonbury	6,302	15	....	1	6	11.4	....	315.7	3	....	1
Greenwich	18,656	39	2	16	34	19.9	2.5	99.1	4	7	10
Groton	7,241	15	....	7	17	26.5	....	77.4	1	2	10
Hamden	9,301	18	....	1	7	9.0	1.2	.....	....	....	3
Hartford	129,353	379	19	72	239	18.8	.8	132.8	47	17	51
Killingly	7,516	17	....	1	9	12.7	....	233.2	4	....	3
Manchester	16,836	38	1	9	13	8.5	.7	113.2	4	1	6
Meriden	31,940	83	2	7	50	17.2	2.2	60.7	5	2	17
Middletown	26,931	53	4	8	57	11.1	2.2	36.8	2	3	18
Milford	10,403	25	1	3	16	16.1	1.1	129.0	2	....	1
Naugatuck	13,671	31	1	2	13	11.4	.8	33.0	1	1	5
New Britain	58,440	195	10	12	60	11.0	.4	102.6	18	8	9
New Haven	161,817	443	12	88	235	16.0	1.7	88.4	38	22	66
New London	25,648	68	3	32	48	16.8	.4	34.1	2	1	13
New Milford	5,229	6	....	2	5	9.1	2.2	116.5	1	....	2
Norwalk	28,660	43	4	13	45	18.8	.8	92.8	5	1	22
Norwich	29,320	62	....	9	62	11.0	2.8	121.2	8	4	18
Orange	16,561	28	1	2	19	13.7	1.4	79.7	2	....	5
Plainfield	8,259	9	....	2	7	10.1	1.4	.....	....	....	2
Plymouth	7,185	14	2	....	8	13.3	1.6	71.0	1	....	2
Putnam	8,349	20	1	1	9	10.0	....	.....	....	....	3
Seymour	6,391	18	....	....	2	3.7	....	.....	....	....	2
Shelton	8,573	25	....	1	16	15.3	....	165.1	3	1	3
Southington	9,312	18	....	....	5	6.4	....	51.7	1	....	4
Stafford	6,242	15	1	....	8	13.4	....	113.2	1	....	5
Stamford	40,734	128	7	25	59	15.6	1.1	124.4	10	6	13
Stonington	10,667	19	....	6	17	17.9	3.3	107.6	2	....	8
Stratford	12,945	17	1	2	17	15.7	1.8	77.6	2	2	1
Torrington	21,436	57	....	11	28	15.1	.5	115.9	6	2	10
Vernon	8,825	11	1	3	17	23.1	4.0	67.0	1	....	5
Wallingford	11,856	43	1	1	16	16.1	1.0	133.3	3	1	9
Waterbury	101,660	279	8	29	117	12.7	2.0	96.0	23	13	20
Watertown	6,136	8	....	2	3	3.9	1.9	.....	....	....	2
West Hartford	7,440	23	3	4	14	22.5	....	452.8	6	3	11
Westport	5,337	18	....	3	5	8.9	2.2	105.2	1	....	....
Winchester	9,910	17	1	3	10	9.6	2.4	88.8	2	....	2
Windham	14,178	40	1	2	18	15.2	....	29.4	1	....	8
Windsor	6,573	8	1	1	3	5.4	....	.....	....	....	1
Towns under 5,000	215,405	270	13	51	259	14.4	1.0	113.5	32	8	120

Note:—All death rates figured on yearly basis.

for the MONTH of MARCH, 1918

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis Pulmonary—	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia— All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
4	**12**	**4**	**31**	**23**	**40**	**164**	**24**	**127**	**4**	**0**	**436**	**27**	**18**	**104**	**9**	**1**	**568**	**213**
...	1	...	1	...	...	2	...	3	1	...	5	1	...	...	...	...	...	...
...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...
...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
...	1	...	11	6	2	18	7	13	...	...	82	4	2	22	1	...	132	13
...	...	...	1	...	...	4	...	1	...	...	6	1	...	1	...	...	...	1
...	...	...	...	...	...	4	...	2	...	...	6	...	...	4	...	...	7	2
...	...	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	2	2
...	...	...	...	...	1	...	...	1	...	...	8	...	...	2	...	...	8	6
...	...	...	...	...	1	3	...	...	...	...	4	...	...	1	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...
...	1	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
...	2	...	...	2	1	4	1	2	...	...	4	...	...	2	...	...	9	3
...	1	...	...	...	...	...	...	1	...	...	3	...	...	1	...	...	...	1
...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...
1	...	...	4	1	1	8	2	12	...	...	67	5	7	12	3	...	122	36
...	...	...	1	...	...	...	...	1	...	...	1	...	...	1	...	...	...	1
...	...	...	...	...	...	1	...	1	...	...	5	...	...	1	...	...	...	1
...	...	...	...	1	2	10	1	3	...	...	8	...	...	4	...	...	10	4
...	...	...	...	1	...	5	...	3	...	...	10	...	...	2	...	...	34	32
...	...	...	...	...	...	1	...	3	...	...	2	...	...	2	...	...	...	2
...	...	...	...	...	...	1	...	1	1	...	2	1	...	...	...	...	...	...
...	...	...	1	...	1	2	...	4	...	...	12	3	1	5	1	...	18	6
...	...	1	4	3	1	17	5	16	1	...	58	2	3	12	1	...	89	19
...	1	...	...	...	2	...	...	8	1	...	13	...	1	5	1	...	21	12
...	...	...	...	...	...	1	...	...	...	...	2	1	...	...	...	...	...	1
...	...	...	1	...	6	2	1	5	...	...	7	...	1	...	...	...	3	...
...	...	1	...	1	2	12	...	1	...	...	10	1	...	2	...	...	22	11
...	...	...	...	...	...	2	...	3	...	...	5	...	...	1	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...
...	...	...	...	1	...	1	...	2	...	...	1	...	...	1	...	...	...	...
...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	2	2
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	4	1	...	...	...	...	...	...	1	...	...	4	5
...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	...	...	5	...	...	...	...	...	2	1
...	2	...	1	4	3	5	...	5	...	...	14	...	...	...	...	...	16	6
...	...	...	...	...	1	2	...	2	...	...	3	...	...	1	...	...	...	1
...	...	...	...	...	...	2	...	2	...	...	7	...	...	...	...	...	...	...
...	...	...	...	...	1	1	...	5	...	...	4	1	...	...	...	1	2	1
...	...	...	...	...	1	1	...	...	...	...	3	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	3	...	...	5	...	...	...	...	...	2	...
1	...	1	2	2	1	17	3	4	...	...	22	2	...	5	1	...	29	9
...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	2	2	...	...	4	3	...	1	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2	1
1	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	4	2
...	...	...	...	...	2	...	...	1	...	...	2	...	...	...	1	...	1	...
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
1	2	1	4	...	8	25	...	12	...	...	38	2	2	10	...	...	27	31

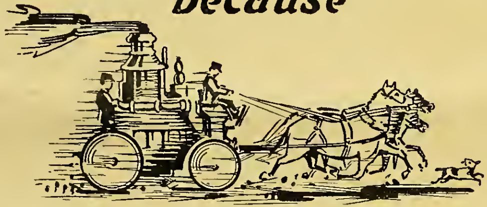
Note:—Death rates for Tuberculosis are corrected, *i. e.* to towns of residence.

PROTECTED *and* UNPROTECTED

Fire Losses

Reduced *to a* Minimum

because



The Fire Department is Prepared and Efficient

The Average Town Spends
ONE DOLLAR per capita to
protect its homes against fire

Baby Losses

Still Excessive

because

We can't afford a Nurse
I promised an economical administration MAYOR
TOWN POLICIES
Our Health Officer is v paid! He $300 a ye
We have a milk inspector and he gets $50 a year
Inspector? We have too many Office holders now.

The Health Department is Unprepared and Inefficient

The Average Town Spends
TEN CENTS per capita to protect its citizens against disease

SEE PAGE 6.

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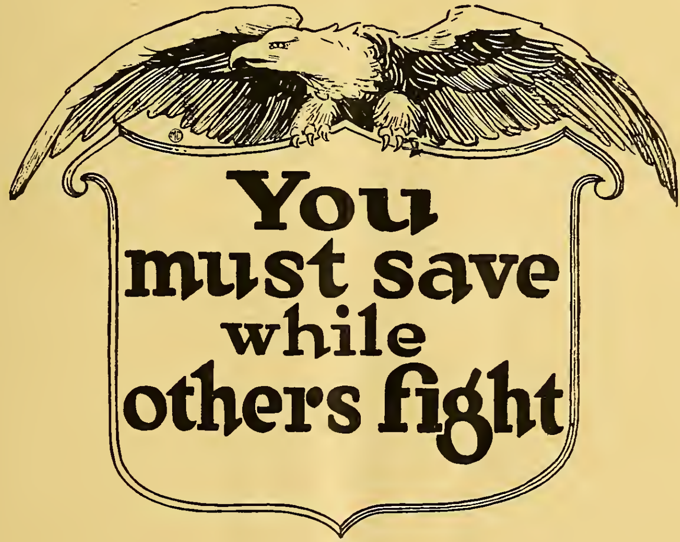
CONNECTICUT
HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

JUNE, 1918



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[illegible] LABOR [illegible]RY
WASHINGTON [illegible]

CONNECTICUT
HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 32 JUNE, 1918 No. 6

Editorial

War Saving Stamps. The war saving stamp movement is giving our country the best lesson in thrift and economy that it has ever had. The more war savings stamps purchased, the safer will be our country and the better will be our individual credit.

"Unclean." Little did we think that in these enlightened days children with bone tuberculosis would be treated as the lepers of old. Owing to the protests of certain people living in the vicinity of the site selected by the Tuberculosis Commission for a sea-side home, it will be impossible to open the institution this summer. Many unfortunate children will be deprived of the health-giving, salt air which is so beneficial for this form of tuberculosis. One hundred children with bone tuberculosis would not endanger the health of any summer resort nearly as much as would the presence of one uncontrolled child with whooping cough.

Whooping Cough and the Sea Shore. Never have we protested against the custom of physicians sending children afflicted with whooping cough to the sea shore, provided such children be properly segregated. The beaches of Connecticut have, unfortunately, spread this disease to a considerable extent because parents have disregarded the rights of others. Salt air hastens recovery from whooping cough and all children so afflicted are welcome to the shores of Connecticut, provided they are accompanied at all times by a responsible adult and that the moderate health regulations be observed.

The Yellow Band. Whooping cough is a long-drawn-out disease but air and sunlight hasten recovery. For these reasons strict quarantine has not been enforced in some localities and where it is enforced, quarantine has been grossly violated for many cases have been unreported. The result has been many exposures and a continuance of this serious disease. The plan requiring children to wear a yellow band on the arm when on the street has become popular in certain communities and it is believed that while exposures do occur, they are much less frequent than the exposures occasioned by endeavoring to enforce strict quarantine.

Birth Registration. A recent investigation of the birth registration in Connecticut by the Federal Census Bureau shows that a little over 90 per cent of the births occurring in this state are recorded. This means that 4,000 children have not had their births recorded owing to the carelessness of parents or the negligence of physicians. Energetic measures will be taken in the future to secure a more complete birth registration.

End of the School Year. The schools are closing — parents examine the reports of the year's work of their children with satisfaction and prepare for the vacation period. It is at this time, however, that serious consideration should be given to school matters. Every parent should analyze the "times absent" on the report card and determine if some of this lost schooling could not have been avoided. They should study the health of the child and if below normal, as is often the case, endeavor to learn the reason instead of being contented with the thought that vacation will bring back color and energy. Schools should be so conducted and regulated that at the end of the school year the scholar would be in as good or better health than when he or she entered.

School Inspection. School inspection is in accord with the spirit of conservation, inspired by war-time revelations. Had school inspection been universal during the time those now of military age were attending school, thousands who have been rejected because of physical disability would now be helping to save their country. The children of today will not be called upon to fight in this war, and we hope in no future war, but they will have to fight the battle of life and it is our duty to see that they are physically fit to meet any emergency.

School Taxes. School inspection will increase the tax rate. Yet who will object to investing money in an enterprise which will show a large income? Taxes for school and health purposes show greater actual returns than any other tax. Without health and education, all other benefits avail little. Connecticut people are not "stingy," as has been shown by their generous contributions to war funds. The taxes for school and health needs will receive the same generous consideration when it is realized that the money thus secured is expended for the uplift of the people.

School Supervisors. Every parent is a school supervisor and every father should be an adjuster of the tax rate when convinced that school inspection is a necessity and that money is needed for this purpose. Parents should interest themselves to the extent of making their wants known and should support the officials charged with the direct supervision of school children.

Whooping Cough, the Most Dangerous of Acute Infectious Diseases

During the month of April, 39 deaths from this disease were reported to this office. During the same period, there were 31 deaths reported from other acute, infectious diseases, including typhoid fever, measles, scarlet fever and diphtheria.

The records of this Department show conclusively that the death toll of whooping cough among infants is greater than the combined total of all these other so-called "catching diseases." In the year 1917, 60 babies died from whooping cough while all these other diseases claimed 51 deaths.

Whooping cough cannot readily be controlled in the same manner as other communicable diseases, because fresh air and sunshine are admittedly beneficial and its patients are allowed outdoor liberty. Often afflicted children are unwisely put on the streets, on the beaches, or in the country to mingle with other children and thus the contagion is promiscuously spread among their playmates.

Some form of protection should be adopted to safeguard the well. Close isolation not being advocated, identification is the only solution. If a child has whooping cough, advertise it in such a way that children will shun the afflicted one as they would any common danger.

One city, a summer resort center, has for years insisted that the child or person suffering from this contagion wear on the arm a yellow band with the words "whooping cough" printed in large letters. Results shown in this city corroborate the wisdom of such a procedure.

Liberty and Civilization Imperiled

We are in one of those great periods in history, one of those momentous crises in the lives of the people of the world, out of which great events are born. We are in one of those critical periods where civilization may have to face what the world faced when the Glacial period came upon us, and when the best of human aspirations and human hopes may be obliterated for ages. The conflict in which America is engaged is a conflict between two principles of life and of action in the world: Whether or not the democratic principle, which means that the masses of the people shall govern and control their own destinies, or the autocratic principle, which means that masters shall control the destinies of the masses of the people in the world, shall prevail. Between these two principles there can be no compromise. The world has advanced so far that democracy can never suffer itself to be defeated. It can never suffer the hopes and aspirations of mankind to be destroyed. Therefore we must win this war not only for America's own safety, but in order that human progress may not be arrested for the future.

In the War of 1812, because we were a pacific people, because we were then also a weak Nation, and because we cherished the hope that wars would never be brought to our shores again; because we thought that the Atlantic protected us on one side and the waters of the Gulf on the other; because we had grown as an unprotected and unarmed people, we found ourselves utterly incapable of defending ourselves adequately in the first part of the war. The most humiliating thing in our history occurred to America in that war. What was it? A part of the Capitol here in Washington was burned by the enemy; a part of the White House was burned by the enemy; President Madison had to flee to avoid capture.

I do not want you to think that I am trying to draw a picture that will alarm you by making you feel that possibly the Kaiser is going to capture Washington. I only want you to understand that it is possible for the Kaiser to capture Washington unless America has the spirit and the courage to make it impossible. I know that we have the requisite spirit and courage provided we direct them with a proper degree of intelligence and loyalty to the cause for which we fight, a loyalty and devotion particularly demanded of the men and women employed by the Government. A higher obligation rests upon us — you and me and all who serve the Government — than upon the masses of the people, because we have been chosen by them to render this service for America. We have a great obligation and a great duty to perform in this time, and it depends upon the way in which we acquit ourselves as to whether or not we are going to serve the vital rights of America; whether or not we are going to make it unnecessary to sacrifice thousands more of the lives of the gallant sons of American women and of American men than would otherwise be required; whether or not this war shall have a long or a short duration; and whether or not the civilization for which democracy in America stands, the civilization for which Christ was crucified upon the cross, shall survive. All of these things are at issue in this war they are at issue because the most remorseless tyrant ever reared in the history of time has undertaken to alter the bases of civilization and to assert that might in the future and not right shall rule the world.

These are the things for which we are fighting in this war. These are the things which we must vindicate. We intend to win this war. Democracy must be triumphant. The business of Uncle Sam — and Uncle Sam is you people here and the people of this country from one end of the land to the other — the business of Uncle Sam in this time, the supreme duty in this time, is to lick the Kaiser in the shortest possible time. — *Extract Address of Hon. W. G. McAdoo to Government employees.*

Birth Registration

James P. Balfe

Statistics form the foundation of all methods for the development of business efficiency. In the present era, when nations are being turned into business machines, the necessity for the compilation of accurate and reliable data concerning the life history of each individual member of society is apparent. The entire strength of a nation depends upon the number and character of its citizens. Every birth represents, or should represent, an additional asset to the national wealth, just as every death now represents an economic loss.

Unnecessary deaths are sinful and irreparable losses to the state and nation. It was the realization of this fact which led to the establishment of city, state and national bureaus of vital statistics wherein intelligent, systematic and continuous compilation might be made of all facts relating to births and deaths. It is these data which direct attention to the unnecessary wastage in human life, and upon them must be based all plans for the development of efficiency in avoiding social loss.

More forcibly than ever has the great need of these bureaus been brought home to us by the incessant call for greater man-power by the warring nations. However much we may despise the mad nation of Europe, we are scarcely less mad if we fail to heed the lesson in organized man-strength which it is teaching us. It is not overstating the fact to say that the great power of our chief enemy has been developed principally by treating each individual as a national asset of real value, and by keeping track of this asset through an elaborate and scientific system of vital statistics.

In our own country, which has depended so much upon constant immigration for its increase of man power, the cessation of this immigration and the likelihood that it will not be resumed on its former scale for many years, has awakened us to the extreme necessity of conserving each valuable new life.

Each birth becomes a matter for national congratulation rather than a mere family affair; and the infant itself becomes instantly a subject for state attention. This attention is not a duty which the state owes the child alone, it is also the duty of the state to itself which makes important the enforcement of every means which will increase the infant's chance of reaching productive maturity.

Not only is it necessary to vital records that the birth of every child be recorded, but it is a social obligation to the child, parent and nation. The first legal right of the child is proper care and attention, and the first public right is the birth certificate. Neglect on the part of the physician, midwife or parent to properly record the birth is denying the child of a birth-right.

From the cradle to the grave this tiny report is a most used document. Scarcely an occasion of momentous crisis in the different periods of life but that the birth certificate identifies the person, and defines his rights or satisfies a demand of society or government.

We are now a nation at war, and many unforeseen situations have arisen in many lives which resulted tragically where the birth certificate, carrying the protective guarantees of our Government, was not procurable. Our entrance into the world war has increased the demand for copies of birth certificates a thousand fold and when found unregistered it has caused hardship and expense to repair the neglected duty of a doctor, midwife, careless or ignorant parent.

Many matters which heretofore have been of little interest to us have taken on a new significance, and birth registration is now a national necessity.

Chemical Closets

Health officers in small towns and rural communities are frequently confronted with the question as to whether the so-called "chemical closets" which have appeared on the market during the past few years can be considered to be satisfactory from a sanitary point of view. A brief statement at this time of their advantages and limitations is therefore desirable.

A chemical closet is one whose primary object is the chemical disinfection of excreta. This is accompanied by more or less liquefaction according to the nature of the chemical used. The result is accomplished by the introduction into the receiving can, tank, or other device, of an aqueous solution or emulsion of a chemical substance or mixture supposed to possess germicidal and, in certain cases, deodorizing and liquefying properties. There are at least two general types of chemical closet. One of these depends upon the action of an alkaline emulsion of a coal tar or other oily disinfectant, the principal object being disinfection and deodorization, and the other upon a strongly caustic solution with or without other disinfectants with the additional object of rendering the tank contents semiliquid. These closets generally possess, in common with other types of privy, special devices for ventilation. In distinction from other privies, their installation within the house and even in the bedroom or other dwelling room, is being recommended by the manufacturers. Among the special advantages claimed are all the conveniences of the inside water-closet, simplicity of operation and ease and safety of disposing of the liquid material with entire freedom from any objectionable or obnoxious features.

A sanitary privy may be defined as a device in which human excreta may be deposited and, pending final disposal, stored in such a way that there shall be no channel of communication between the excreta and the bodies of human beings. This implies a water-tight receptacle protected against invasion by flies or domesticated animals and capable of cleanly and efficient operation, and so operated. As a necessary and indispensable adjunct to a sanitary privy, there must also be provision for the final disposal of the excreta in such a way that it shall be incapable of transmitting disease through the channels of personal contact, food, or water supply. It is also highly desirable that a sanitary privy shall be as free from odors and other objectionable features as possible and shall provide personal privacy, comfort and convenience.

Without undertaking any description of specific makes of chemical closets, it seems highly desirable to inquire into the general merits of this system and to see to what extent they comply with the essentials of a sanitary system as outlined. The various devices are primarily water-tight receptacles so constructed that access of flies and animals is reasonably prevented, although the mechanical details of certain constructions are not such as to guarantee this result. Instances have been observed in practice where the sliding parts which form the connection to the lower receptacle, through perhaps unnecessarily rough usage, have been so bent out of shape as to destroy the original function of the tightly fitting sleeve. This, however, is a matter of special design and of proper use and upkeep and need not be charged against the principles of the system.

In the secondary matters of privacy, convenience, and freedom from odors, these devices with their special provision for deodorization and for ventilation, are especially commendable. They are also capable of cleanly operation and if so operated, they comply with the definition of a sanitary privy subject to the further requirements of a means of final disposal of the contents in a way that shall be incapable of transmitting disease. To this end chemical closets place primary reliance upon disinfection. If this be at all times satisfactory and if, in addition, the actual physical disposal of the disinfected material be made with due regard to common decency and cleanliness, the system complies satisfactorily with the requirements of a sanitary system. The essential condition, therefore, is the efficiency and sufficiency of the disinfection itself. In this connection there are certain distinct drawbacks to the system, not as it is laid down in the descriptive pamphlets but as it would be operated under practical conditions.

Such protective factors as physical removal to a distant point are capable of ready appreciation upon the part of any person concerned and, once appreciated, encounter no special difficulties in the way of their complete and satisfactory performance. Where the chief reliance is placed upon the action of a chemical, always a mysterious substance in the mind of the laymen, there is much more likelihood of neglect through ignorance, carelessness, failure to order or receive a proper supply, or mistaken ideas of economy. The sufficiency of the system of disinfection recommended, when carried out in accordance with instructions, has been satisfactorily demonstrated in some cases with reference to certain organisms of disease.

There is also the possibility of misuse of the principles of the chemical closet upon the part of unscrupulous manufacturers, resulting in the employment of chemical substances quite worthless for the purpose, and in the placing of such reliance upon imperfect disinfection as to result in serious consequences. It would seem to be incumbent, therefore, upon the manufacturers of such devices to make such thoroughgoing tests of the efficiency of the chemical substance to be employed, as shall be satisfactory to State, and local health authorities; and to furnish suitable guarantees of the constancy and permanence of such chemicals. In particular these tests must be made under practical working conditions, as the value of the phenol coefficient employed in the standardization of commercial disinfectants may be of minor significance in this connection.

Some criticism has been made of the suggestion of installing chemical closets in the living rooms of the home, but this is believed to be more a matter of esthetics than of health and, with proper safeguards as to ventilation, no reasonable objection can be raised against the practice upon sanitary grounds. Neither is it necessary to take into consideration questions of costs of installation and of operation, as these are matters which will be weighed in each individual case against convenience and comfort. It is obvious that the cheaper the installation which will comply with all public health and esthetic requirements the more general will be its adoption.

In brief, then, everything depends upon the sufficiency of the disinfection and the means of final disposal. No system should be installed or recommended for installation in the absence of definite and satisfactory evidence that the treatment proposed will in fact destroy pathogenic bacteria. While the design and satisfactory operation of such a device is quite possible, its general adoption ought not to be recommended without giving the fullest consideration to the possibilities of mismanagement, and it is believed that whatever means are adopted for final disposal, these should be so safeguarded that the almost inevitable failure at times of the chemical toilet may not result in serious danger to the health of those affected.

Reprint from the Public Health Reports, vol. 32, No. 26, June 29, 1917.

Laboratory Notes

New Typhoid Outfit

There has apparently been difficulty in obtaining blood for the Widal test in the tube which has heretofore been sent out in the typhoid outfits. Repeatedly these tubes when received have contained only a little dried blood or at most too little serum for carrying out the test. We have been unwilling to adopt the dried blood method of making this test though this is employed in many laboratories. The use of serum permits of more exact dilutions and accordingly of greater accuracy. We are now sending out in the typhoid outfits a spindle-shaped pipette open at each end. By following the printed directions enclosed in the outfit, there should be no difficulty in obtaining plenty of blood for the test and sealing it without overheating.

Please follow the directions carefully.

Sending Specimens By Messenger

The express service is still unreliable for prompt delivery of specimens and will probably continue to be so indefinitely. Under the circumstances there are certain specimens which should be sent by messenger. This applies particularly to the heads of dogs and other animals which are sent to the laboratory to be examined for rabies. Not infrequently these are so delayed in transit that no satisfactory examination is possible. The importance of a correct diagnosis in all cases of suspected rabies is so great that these heads should reach the laboratory in a fresh condition. At present this can be assured only when sent by special messenger.

Laboratory Statistics — April, 1918

Diagnostic Division	
Typhoid	20
Diphtheria (diagnosis)	766
Diphtheria (release)	155
Tuberculosis	202
Syphilis	391
Gonorrhoea	17
Glanders	13
Malaria	3
Rabies	9
Virulence test (diphtheria)	1
Total	1577

Chemical Division	
Water	196
Milk	159
Sewage	2
Total	357

Special Division	
Water	0000
Industrial Waste	00
Sewage	00
Total all Laboratories	0000

Vital Statistics Notes

The Bureau of Vital Statistics wishes to acknowledge the hearty support which most Registrars are lending toward improving the statistics of our state. The value of statistics is in ratio to the completeness and accuracy of the units from which the statistics are compiled. By carefully editing all returns for accuracy and completeness of detail before sending them to this office, Registrars not only perform a duty imposed by law, but facilitate a work as important in conserving life as many more pretentious activities.

During the first four months of this year total deaths reported were 7,405 as compared with 7,939 for the same period last year; reported births 12,312 against 12,106 and marriages 3,230 against 4,194 last year.

Deaths of children under one year of age show an increase of 94 over last year, 1,289 being reported in 1918 against 1,195, while of deaths of persons 65 years and over, a decrease of 97 is noted, 2,214 and 2,401 dying in these two periods.

April — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS,	2519	2702	2867	2973	3141
Birth Rate,	25.1	26.4	27.6	28.1	*26.7
MARRIAGES,	848	894	739	1456	954
Marriage Rate,	8.4	8.7	7.1	14.1	*8.1
DEATHS,	1637	1720	1765	1822	1827
Death Rate,	16.6	16.7	17.3	17.6	*15.5
COMMUNICABLE DISEASES, DEATHS,	248	229	230	236	242
Per Cent to Total Deaths,	15.2	13.3	13.0	12.9	13.2
DEATHS UNDER 1 YEAR,	276	251	295	288	311
Rate per 1,000 Births,	109.9	94.3	108.1	97.6	99.5

* 1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

COMMUNICABLE DISEASES — APRIL 1918

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,410,665	16	851	175	338	208	15	..	205	57	820
NEW HAVEN CO.											
New Haven	161,817	3	43	3	117	11	3	....	30	....	41
Waterbury	101,660	1	22	13	1	22	2	....	10	....	6
Meriden (city and town)	31,940	....	3	9	....	7	....	....	8	....	....
Ansonia	17,581	....	1	3	....	1	....	....	1	....	13
Orange (inc. West Haven)	16,561	....	....	1	1	3	....	....	1	....	25
Naugatuck	13,671	....	....	1	....	....	1	....	2	....	....
Wallingford (town and boro)	11,856	....	....	4	....	....	1	....	1	....	....
Milford	10,403	....	67	....	8	....	....	....	2	....	1
Derby	10,079	....	....	....	....	....	....	....	1	....	....
Hamden	9,301	....	2	....	4	....	....	....	....	....	5
Branford (town and boro)	7,172	....	24	....	1	....	....	....	1	....	2 +
Seymour	6,391	....	....	1	1	....	....	....	3	....	....
Towns under 5,000	23,549	....	3	3	5	....	....	....	1	1	73
FAIRFIELD CO.											
Bridgeport	152,524	....	31	8	35	38	1	....	34	15	46
Stamford (city and town)	40,734	....	101	1	17	3	....	....	12	1	27
Norwalk	28,660	1	+ +	33	....	1	....	....	2	....	1
Danbury (city and town)	24,053	1	12	....	2	1	....	....	2	....	....
Greenwich (town and boro)	18,656	....	115	6	5	1	....	....	3	....	40
Stratford	12,945	....	2	1	....	2	....	....	....	....	2
Fairfield	11,915	....	1	....	....	....	....	....	....	....	6
Shelton	8,573	....	....	4	....	....	....	....	....	....	17
Darien	8,198	....	3	....	....	....	....	....	....	....	....
Westport	5,337	....	1	....	....	....	....	....	....	....	....
Towns under 5,000	26,584	....	46	2	+ +	2	....	....	3	2	1 +
HARTFORD CO.											
Hartford	129,353	2	28	17	40	39	2	....	32	....	88
New Britain	58,440	2	73	13	9	9	....	....	6	11	177
Bristol (city and town)	19,771	....	....	....	1	9	....	....	8	3	13
Manchester	16,836	....	5	1	....	1	....	....	1	1	8
Enfield	11,847	....	4	....	....	1	....	....	....	....	....
East Hartford	10,878	....	1	3	....	....	....	....	1	....	....
Southington (town and boro)	9,312	....	2	1	....	....	....	....	....	....	13++
West Hartford	7,440	....	1	....	5	1	....	....	....	....	19
Windsor	6,573	....	1	3	....	2	....	....	....	....	3
Glastonbury	6,302	1	10	....	5	....	....	....	....	....	6
Berlin	5,409	....	....	....	....	....	....	....	2	1	5
Towns under 5,000	47,958	2	18	7	6	....	1	....	2	....	16
NEW LONDON CO.											
Norwich (city and town)	29,320	....	2	2	....	5	....	....	3	1	....
New London	25,648	1	10	9	11	2	1	....	5	10	30
Stonington (town and boro)	10,667	....	75	4	4	6	....	....	....	....	5
Groton (town and boro)	7,241	....	20	8	2	3	....	....	....	....	19
Towns under 5,000	29,600	....	14	4	42	6	2	....	....	....	18
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	1	....	8	....	....	2	....	4 +
Winchester (inc. Winsted)	9,910	1	....	1	....	....	....	....	....	....	....
Plymouth	7,185	....	1	....	....	3	....	....	....	....	....
Watertown	6,136	....	....	....	....	....	....	....	....	....	....
New Milford	5,229	....	8	....	....	....	....	....	....	....	....
Towns under 5,000	31,992	1	82	2	7	....	....	....	3	5	26
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	....	1	....	4	....	....	2	....	....
Putnam (city and town)	8,349	....	....	1	....	1	....	....	....	....	....
Plainfield	8,259	....	....	....	1	....	....	....	....	....	....
Killingly (inc. Danielson)	7,516	....	....	....	....	....	....	....	....	....	1
Towns under 5,000	15,543	....	2	....	....	....	1	....	3	....	4
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	1	1	....	12	....	....	8	3	7
Towns under 5,000	26,862	....	6	4	7	1	....	....	5	2	21
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	....	....	....	2	....	....	2	1	....
Stafford (town and boro)	6,242	....	....	....	....	....	....	....	....	....	3
Towns under 5,000	13,317	....	9	....	1	1	....	....	3	....	29

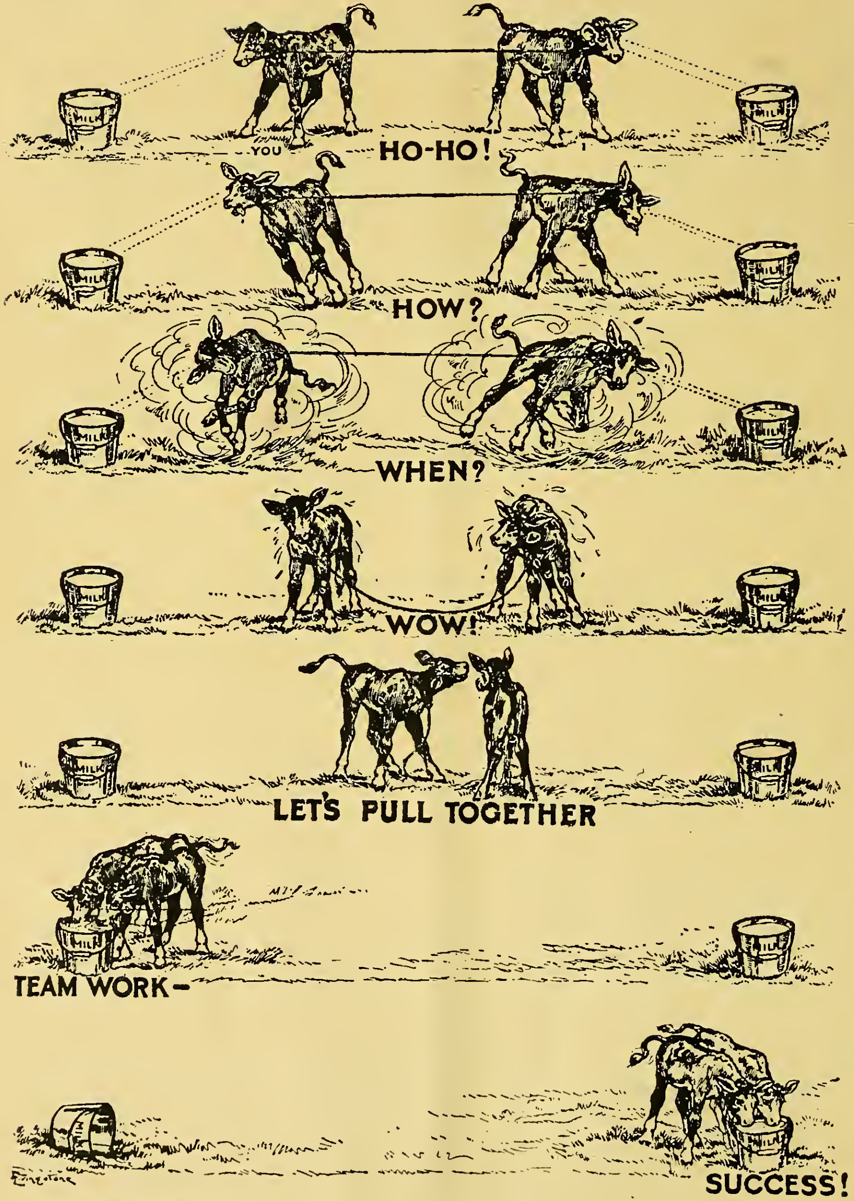
Health Officers of the following towns have failed to make their monthly report for April: Bethel, North Branford, Scotland, Somers and Wallingford (town).

April 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,410,665	3142	104	954	1827	15.5	1.4	99.5	311	137	449
Ansonia	17,581	62	....	11	20	13.6	2.0	135.0	7	2	4
Berlin	5,409	6	....	1	3	6.6	.....	.....	....	1	2
Branford	7,172	6	....	5	9	15.0	5.0	222.2	2	....	1
Bridgeport	152,524	401	19	118	219	16.1	1.3	89.3	38	19	35
Bristol	19,771	44	3	9	12	7.2	.....	77.9	4	2	3
Danbury	24,053	45	....	19	39	17.4	1.4	50.3	2	2	17
Darien	8,198	7	....	2	5	1.4	.....	226.4	1	....	4
Derby	10,079	50	....	12	21	19.0	.....	94.4	4	5	6
East Hartford	10,878	21	1	6	11	11.0	.....	158.5	3	1	3
Enfield	11,847	27	1	13	8	8.0	1.0	.....	....	....	6
Fairfield	11,915	21	2	3	9	8.0	1.0	86.6	2	1	4
Glastonbury	6,302	6	....	2	6	11.4	1.9	105.7	1	....	2
Greenwich	18,656	55	....	16	16	9.6	.....	99.1	4	....	5
Groton	7,241	19	....	7	12	18.2	.....	.....	....	....	9
Hamden	9,301	29	1	7	11	14.1	1.2	168.2	3	....	....
Hartford	129,353	354	11	115	222	16.7	1.1	90.4	32	15	42
Killingly	7,516	11	1	5	14	20.7	4.7	147.2	2	....	3
Manchester	16,836	35	1	7	14	9.9	1.4	56.6	2	1	8
Meriden	31,940	66	1	18	44	13.9	2.2	85.1	7	2	15
Middletown	26,931	45	2	9	50	9.8	1.4	73.8	4	3	13
Milford	10,403	15	....	7	8	8.0	1.1	193.5	3	....	2
Naugatuck	13,671	33	2	4	10	8.7	.....	33.0	1	2	1
New Britain	58,440	188	4	35	80	15.8	2.4	119.7	21	6	13
New Haven	161,817	422	13	138	257	17.0	2.1	93.1	40	27	63
New London	25,648	49	....	30	42	15.8	1.4	205.1	12	3	10
New Milford	5,229	9	....	1	5	11.4	2.2	.....	....	....	4
Norwalk	28,660	43	1	14	24	9.2	1.6	55.7	3	3	3
Norwich	29,320	71	2	26	50	16.3	0.4	121.2	8	3	13
Orange	16,561	28	....	9	9	5.7	3.6	79.7	2	1	3
Plainfield	8,259	13	1	4	10	14.5	.....	296.2	4	....	2
Plymouth	7,185	16	1	3	4	6.6	.....	142.0	2	....	....
Putnam	8,349	13	1	10	14	18.6	.....	116.5	2	....	2
Seymour	6,391	24	....	7	7	11.2	.....	112.6	2	1	1
Shelton	8.573	15	2	7	10	5.5	.....	55.0	1	....	2
Southington	9,312	26	....	8	7	9.0	.....	103.4	2	....	4
Stafford	6,242	14	....	6	5	7.6	1.9	113.2	1	....	1
Stamford	40,734	92	2	41	53	14.4	1.1	161.8	13	5	6
Stonington	10,667	22	....	8	19	21.3	1.1	215.2	4	9	....
Stratford	12,945	16	1	11	12	10.1	0.9	155.3	4	3	1
Torrington	21,436	48	2	17	11	5.5	1.1	19.3	1	2	....
Vernon	8,825	18	....	6	14	14.9	.....	201.1	3	1	5
Wallingford	11,856	26	1	4	20	19.2	2.0	88.8	2	1	9
Waterbury	101,660	233	9	74	145	16.5	1.5	108.5	26	6	18
Watertown	6,136	5	1	2	3	5.8	1.9	115.3	1	....	2
West Hartford	7,440	14	....	4	8	12.9	.....	150.9	2	....	5
Westport	5,337	12	....	1	5	8.9	2.2	105.2	1	....	1
Winchester	9,910	25	2	5	12	13.3	.....	.....	....	2	2
Windham	11,178	26	2	11	23	18.6	2.5	88.4	3	....	9
Windsor	6,573	6	....	1	5	9.1	.....	263.7	2	....	1
Towns under 5,000	215,405	310	14	75	210	11.6	1.5	95.8	27	8	84

FOR THE MONTH OF APRIL, 1918

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
4	**9**	**10**	**39**	**8**	**38**	**165**	**29**	**83**	**7**	....	**346**	**23**	**13**	**81**	**20**	**3**	**562**	.....
...	...	...	...	...	...	2	...	2	...	...	6	2	...	...	1	1	...	...
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	3	...	...	...	...	2	...	...	...	...	...	...	...
...	...	1	6	1	3	16	3	10	1	...	48	1	3	12	4	...	91	14
...	1	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
1	1	...	...	...	...	2	1	1	...	...	8	...	...	...	1	...	12	4
...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	4
...	...	...	...	...	1	...	...	1	...	...	2	...	...	2	1	...	6	5
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...	...
...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	1
...	...	...	...	...	...	1	...	1	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	4	1
...	...	...	...	...	1	...	...	1	...	...	2	...	...	...	...	...	...	1
1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...	...	...
...	...	...	5	2	6	13	8	12	2	...	45	2	4	8	5	...	131	41
...	...	...	...	...	...	2	1	1	...	...	1	...	...	2	...	...	...	1
...	...	...	...	...	...	1	...	4	...	...	3	...	...	...	...	...	...	...
...	...	1	4	1	2	10	2	3	...	...	6	...	...	1	...	...	9	7
...	...	...	...	...	...	8	...	...	...	...	19	1	...	3	1	...	34	28
...	...	...	...	...	1	2	...	1	...	...	3	...	...	...	...	...	...	1
...	...	...	...	...	...	...	1	...	...	...	4	...	...	1	...	...	...	...
1	1	...	3	2	2	9	...	3	...	...	14	3	...	4	1	...	14	3
...	...	...	13	...	4	21	4	...	2	...	55	5	2	15	1	1	95	27
...	...	...	...	...	...	...	1	2	...	...	9	2	...	3	...	...	10	8
...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...
...	1	3	...	...	...	3	1	...	...	...	5	2	...	1	...	...	5	2
...	...	...	...	...	3	5	1	2	...	...	5	...	...	4	1	...	21	10
...	...	...	...	...	...	3	...	...	...	...	1	...	...	...	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
...	...	1	...	...	1	1	...	...	...	...	3	...	...	...	...	...	2	1
...	...	...	1	...	...	...	...	1	...	...	4	...	...	...	...	...	...	1
...	...	...	...	...	...	6	...	1	...	...	...	1	...	...	...	...	6	6
...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	1
...	...	...	...	...	1	3	...	5	...	...	13	1	...	1	...	...	18	4
...	2	1	...	...	1	1	...	...	...	...	1	...	...	1	...	...	...	...
1	...	...	1	...	...	1	...	...	...	...	4	...	...	...	...	...	...	1
...	...	...	...	...	1	2	1	2	...	...	2	...	...	...	...	...	3	1
...	...	...	...	...	...	...	...	3	...	...	3	...	...	1	...	...	...	3
...	...	2	...	...	...	3	...	1	...	...	2	...	...	1	...	...	4	1
...	...	...	...	...	3	13	2	9	...	...	26	..	2	4	2	1	53	5
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	3	...
...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	3	1
...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	5	1
...	...	...	...	...	1	2	...	...	...	...	8	...	...	1	...	...	5	1
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
...	2	1	5	2	5	27	2	14	2	...	20	...	2	13	1	...	21	28

CO-OPERATION


MILK
YOU
HO-HO!
HOW?
WHEN?
WOW!
LET'S PULL TOGETHER
TEAM WORK–
SUCCESS!

Courtesy of Armour Co., Chicago, Ill.

LABORATORY
WASHINGTON, D. C.

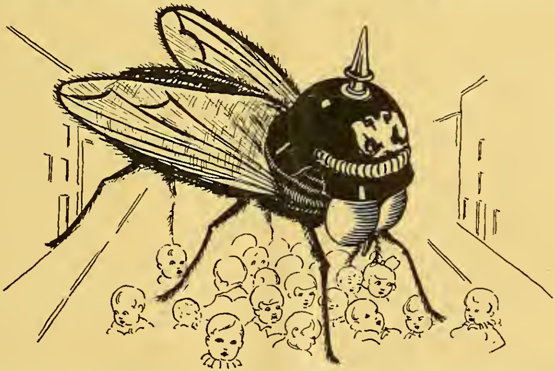
CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

JULY, 1918

Swat the Hun



No respecter of Children

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CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 32 JULY, 1918 No. 7

Editorial

Swat the Hun. Swat the Hun! Swat the Fly! Each employs obnoxious methods in sowing the seeds of death. The Hun employs poisonous gas fumes, and the Fly spends most of his time in filthy quarters collecting poisonous materials to be carried to the food which we eat. Gas masks and screens are the most effective means of protection against these menaces.

Profiteering. Every man with red blood in him is more than willing to abide by the regulations of the Food Administrator. Personal observation, however, leads us to believe that many restaurants and hotels, under the guise of abiding by the regulations, are taking advantage of the people and are serving extremely small portions at unreasonably high prices. There is an actual shortage of certain foods but there is no good reason for charging exorbitant prices for those foods of which there is no shortage. We feel concerned on this score because unquestionably many people are not getting the amount nor variety of food necessary to maintain their health and efficiency.

A Foolhardy Practice. The foolhardy practice of drinking water from brooks is well illustrated by the recent detection of a pretty mountain stream that crosses the State highway from Thomaston to Torrington, which is receiving the entire sewage from a nearby house. Tourists often stop to drink the water where it crosses the road because it is so inviting, yet the sewer outlet is but a few hundred feet away. Such water may account for many cases of Typhoid Fever and other intestinal diseases of "unknown origin." Similar danger lies in wells and springs located near outhouses and cesspools.

Progress. The Department has recently broadened its scope of work by taking up two very important measures, Child Welfare Work, under the direction of Miss Margaret Stack, and Venereal Disease Control under Dr. Carl Michel of the United States Public Health Service. This work has been made possible at this time by the Board of Control providing funds to be expended in conjunction with those supplied by the federal government, both lines of work being considered war measures. Temporarily, Miss Stack's office is at Room 25, State Capitol, care of State Council of Defense. Dr. Michel has been attached to the staff of the Commissioner and is acting in the capacity of Deputy Commissioner.

A Million Dollar Appropriation. Connecticut is fortunate in being among the first to receive its allotment of the special million dollar appropriation made by Congress for the Control of Venereal Diseases.

Vaccination and School Attendance. What are you doing to protect your schools against Smallpox? In less than two months the Fall term commences, when thousands of children, many of them unvaccinated, will be brought together. Smallpox is still prevalent in Connecticut, and unless these children are protected by vaccination, there is a grave danger of their developing the disease and the schools being closed. Smallpox vaccine is furnished free by the State Department of Health through the local Health Officer.

Labor Camps. Connecticut is one of the busiest munition centers of the country, and because of the great influx of men to our shipyards and munition plants, it has been necessary to establish labor camps in order to house them. Due to inspection, some of these camps have been condemned because of general insanitary conditions, while others have been improved. It is of the utmost importance to house war workers under the most favorable conditions if we expect to maintain their efficiency. Every labor camp ought to be frequently inspected by the local Health Officer, who should pay particular attention to the water supply, sleeping quarters, garbage disposal, sewerage, and screening.

What Are You Doing to Save Babies?

T. E. Reeks, M. D.

Summer is here with its attendant dangers to babies from flies, improper feeding and bad housing, and if the mothers and welfare workers of our state are to be successful in their efforts to save 1,600 babies who otherwise will die this year, special and energetic work must be undertaken to make up for the time lost because of inability to secure the financial assistance from the state necessary for carrying on this important movement. Already, certain towns have started the systematic weighing of children and the verifying of birth registrations, with the result that many remedial physical defects, unrecognized by the mother, and the absence of birth registrations, are being brought to light by the trained workers.

The chances offered to do most important educational and protective work are more and more evident as the campaign progresses.

The following pertinent question was suggested at a recent public meeting: "Who are responsible for not preventing the 100,000 excess deaths of babies occurring each year in the United States? In other words, who are *killing* these children?" Conservative investigators agree that practically all of these preventable deaths occur because of the acts of irresponsible mothers, birth attendants, milk dealers, landlords, guardians of sick children and the lack of sanitary surroundings. Then, why does the state permit these acts? The state does not permit them any more than it permits burglary or any other crime. On the contrary, it recognizes that a child has an absolute right to live, and guarantees this right by placing certain duties and responsibilities upon communities and individuals. For example, there are laws relating to the taking of life; to the fitness of those applying for permission to practice medicine and midwifery; to the production and sale of certain foods; to the maintenance of schools, etc. But there is something else needed which the state cannot legislate into one, — an appreciation of necessary protective measures. This is just the object of the Baby Saving Campaign, — namely, to stimulate a desire to learn the causes of these needless deaths and how to prevent them. Before the campaign is finished, many parents will surmise the cause of these needless deaths and before they do, it behooves us to ask ourselves, "TO WHAT EXTENT AM I RESPONSIBLE FOR ANY OF THESE DEATHS?" If you are a landlord, are you maintaining insanitary tenements?

If you are a milk dealer, are you selling ordinary market milk instead of pasteurized or "Grade A" milk for babies' consumption? (Milk as produced in the ordinary way is the most prolific cause of infant mortality.) If you are a mother, are you taking proper care of the baby's food; are you properly feeding and clothing your child; are you allowing flies in the house; are you protecting him from your neighbor's sick child? If you are a health officer, are you making an effort to secure and enforce protective health measures in your town? If you are a physician or other practitioner, are you paying enough attention to infant welfare — prenatal and postnatal? Are you registering each birth attended by you? Do you instruct your families regarding their welfare while they are in health? If you are a town or state official, do you know the infant death rate in your town and what it can be if you will but support your health officer in his measures to safeguard the children? The hundreds of thousands of dollars we are spending on our chronic sick is merely paying tribute to the enemy. Spend one-half of the amount for defensive measures, and in five years' time you will save enough to build and maintain recreation grounds for the children in every village, town and city in the state.

Public health work, like the baby campaign, is very largely educational. For many years it has been teaching people the wisdom of doing some things differently than they care to do them: but it is high time that chronic offenders who are directly or indirectly responsible for the infant deaths, are vigorously dealt with for injuring a most valuable right — that of living.

Statistics of public health workers ought soon to enable us to point to certain infant deaths as unquestionably the indirect result of someone's carelessness and to trace the cause to its source. Then the bereaved parents and their friends will insist upon drastic action.

The Illegitimate Baby's Rights

The rights of illegitimate children and the State's responsibility for seeing that every child, no matter what his parentage, has the nurture, protection, and education essential to his usefulness as a citizen are for the first time given complete national recognition in the Norwegian laws concerning illegitimate children, according to a report issued today by the Children's Bureau of the U. S. Department of Labor.

These laws make the State instead of the mother responsible for establishing paternity. The State holds both parents equally and continuously responsible for the illegitimate child — "The child shall be entitled to bringing up — maintenance, training, and education — from both its father and its mother." The report contains a translation of the several Norwegian laws, with amendments, on illegitimate children and their care. A history of the efforts through which the legislation was secured is given in the introduction.

The attitude which looks upon illegitimacy as a child-welfare problem that must be solved for the sake of the child and of the State is exemplified by this Norwegian legislation. In connection with its studies of the bearing of the war upon child welfare the Children's Bureau examined the evidence obtainable but could not find that it justified the statements that have been circulated of wide-spread increase in illegitimacy since the war. The Bureau believes, however, that the needs of the illegitimate child must be considered in the Children's Year campaign "to save 100,000 children's lives during the second year of the war and to get a square deal for children." In the Children's Year Working Program attention is called to the necessity of providing opportunity for normal development to the child of unmarried parents.

Make Our Soda Fountains Safe

To the Editor: (*New York Herald*)

You might, sir, entitle this epistle "The Confessions of an Ice Cream Soda Slave" or "The Curse of Newspaper Reading," or both. I am, or was, an ice cream soda slave. While my serfdom is a thing of the past, the craving is still as strong as ever, and the last few warm, luscious days of spring have been trying on the soul.

For years and years (how many I dare not say) I stepped up to the soda fountain and stood my ground with the best soda swiggler in the community. (Can anything be so satisfying as a chocolate ice cream soda on a blistering day?) I repeat, for years and years I was a slave to the habit. And nothing ever happened. Not even in the days when the more or less alert health departments did not require cream to be used in the manufacture of "ice cream" and a mere matter of artificial coloring only lent variety.

Last summer I swore off — I think that is the term, swore off. That is why I am writing this letter, following, after a fashion, the precepts of the psychoanalyst — you, Mr. Editor, being the psycho-confessor, if I may be pardoned for coining the term, while I, your correspondent, am the self-analyzed subject. I hope I make myself clear.

One noon last summer while eating my lunch preparatory to sallying forth to top it off with a cool and bracing pineapple frappe, my eye rested on the page of the newspaper in which my repast had been wrapped. So does fate work. I brushed aside the bit of butter that had blotted out what seemed to be an interesting part of the article, and I read: — "An examination under the microscope of one carelessly washed soda water glass revealed in the thick coating which covered it both inside and outside more than 20,000 human cells and bits of skin. Clinging to a single one of these cells there were counted 150 germs. The total germ population of the glass was estimated at 3,000,000, representing a dozen serious diseases."

Well, it was rather perturbing, but out I went for my daily treat. I got as far as the counter, and there I stopped. And I stood there as long as I could, watching the shifting mob struggle to have the use of one of the free-for-all glasses in use. Wash the glasses? They received less than the so-called "lick and a promise." I wanted to shriek out and tell those innocent fools that their lips were associating with three million homeless germs, the forefathers of a dozen serious diseases.

I turned sadly away, and my happy nature became morbid. Life had lost one of its joys, and all because some sensational news gatherer had gotten a few scientific facts to show that the common soda water glass was a menace to health.

If this were so, if tuberculosis, diphtheria, whooping cough, even infantile paralysis, could be transmitted through the medium of the common soda water glass, why were they permitted to be used? Dr. Crumbine, of Kansas, who was the first health officer to take official action against the public drinking cup, began his crusade because a Kansas girl had contracted a disease through the use of a public drinking cup on a train. Yet there are more people using soda glasses in a day than would use a public drinking cup in months. And the opportunity for germs to cling to a sticky sirupy glass are far greater than those afforded by a glass or cup in which water is used.

Could the health authorities be blind to this alarming situation, I wondered? Railroads had been forced to provide individual drinking cups on trains and in stations and nearly every State has legislated against the public drinking cup.

Why should not soda fountain proprietors, who served all who demanded service regardless of race, creed or state of health, be compelled to protect their customers? What had Dr. Crumbine, of Kansas, done? What action had the New York health authorities taken? What of other States? If this condition were not overdrawn why was not something done?

Something was done! And that something was done by Uncle Sam. The soda fountains in or near the training campsswere put under strictest regulations, and strictest rules for sterilization of glasses were established, or, in lieu of sterilization, the provision of individual paper containers was made mandatory.

Now, sir, as I set forth in the beginning, you might have called this "The Confessions of an Ice Cream Soda Slave," I have purged my soul and feel better for it. It will not help me, I am afraid, to pass a soda fountain without a tremor, and it may cause some of your readers to feel as I do, which will be too bad in a way. Still there must be martyrs for any cause, and maybe we can borrow some wisdom from the barbarians of the West and make our soda fountains safe for thirsty humanity. — R. McN.

New York Herald, April 7, 1918.

Deficiency Diseases

The vital functions of the body have the power of picking out from the different articles of food the special elements needed for growth, of pulling the different foods apart and selecting the building elements needed and recombining them in the body. Under ordinary conditions, our diets are sufficiently varied to furnish all the elements needed for normal body growth and repair. Some of these substances are needed in but very small amounts, so small that it is impossible to detect them by chemical tests, but in their absence normal conditions of the body cannot be maintained.

In times of scarcity, like the present, we have opportunity to observe what happens when large groups of people are compelled to live on restricted diets which lack some of the necessary food elements. It has been stated that the cultivation of the potato banished scurvy from Europe, and there has been a marked return of the disease in those places in which the supply of potatoes has fallen short and has not been replaced by other fresh vegetables. Beri Beri, a disease of the nervous system, common in the East in people living on a diet composed of polished rice, appeared among the English troops at the siege of Kut, while they were on a diet composed of white bread and canned meat. Upon the exhaustion of their supply of white bread they were compelled to fall back on bread made from coarsely ground wheat, and the disease at once disappeared. In Roumania, the peasantry normally lived on a diet composed chiefly of corn and milk products. In the retreat after the occupation of the Western part of the country by the Germans, the cattle were lost and the people were compelled to live almost entirely on corn. Pellagra in an acute form developed in a large number of cases. In Norway a form of Ophthalmia has developed among children fed on skimmed milk and cereals. They immediately recovered from this upon the substitution of whole milk.

These facts are of value to us in the light which they throw upon the feeding of infants and young children as showing the necessary part that milk and milk products, fresh vegetables and fruits and the coarsely milled grains play in the nutrition.— *Hartford Health Bulletin.*

Keep Out Of Range

Thousands of our soldiers who have been treated in army hospitals for respiratory diseases since we went to war, would not have had these diseases communicated to them had they and their fellow soldiers taken proper precautions against promiscuous coughing, sneezing and spitting. I think it is safe to say that a large proportion of the cases of respiratory diseases in the camps would have been prevented had the men been more careful and broken themselves of this disease-carrying habit of unguarded coughing and sneezing.

But coughing and sneezing are not the only ways in which a spray of mucus and saliva is propelled from the mouth and nose. When a man talks even quietly he sends out a finely atomized vapor from his lips. If the speaker talks loudly and excitedly, the speech becoming more explosive, then the fine droplets laden with microbes are sent much farther into the air. Now think how often you feel the "hot breath of the enthusiastic talker, as he has stood closely facing you telling his story. This sensation is due to the impact on your face of the warm vapor from the speaker's mouth. That vapor is composed of myriads of microscopical droplets of saliva and mucus, each charged with myriads of disease germs. Just because these germs are invisible is no reason to disregard them and not take intelligent precautions to prevent them from "landing a direct hit." The best defence in ordinary conversation is to "keep out of range." You don't have to push your face at a man to tell him something. Keep your distance, say four feet, and shower him with words, if you like, but not with infected spray. You wouldn't use his toothbrush or drink from his glass and you don't want the material which covers these two things sprayed in your face. Conversely you wouldn't offer your friend your toothbrush. Be just as considerate with your talk spray. — *Gen. Gorgas.*

A Truism

Little bits of camouflage,
Little jabs of paint,
Make some dairy depots
Look like what they "ain't."

Laboratory Notes

Wasserman Tests These are made at this laboratory regularly on Wednesdays and Fridays. Any specimen reaching the laboratory by noon on Tuesday is tested on the following day. Those received before Thursday noon are tested on Friday. The Wasserman test is made with a cholesterinized antigen at 37° C. and with a plain alcoholic extract antigen using the icebox method of fixation. This latter requires so much time that as a rule the results are not ready until the latter part of the afternoon and, because of the considerable number of specimens examined, most of the reports have to be sent on the following morning.

Well Water Examinations Health officers when making request for water sample outfit for the examination of well or spring water should explicitly state whether the well or spring in question is merely suspected of being contaminated or is suspected of being responsible for a particular existing disease. In the former case bacteriological examination only will be made, but in the latter, full chemical and bacteriological examinations as heretofore.

Laboratory Statistics — May, 1918

Diagnostic Division

Typhoid	24
Diphtheria (diagnosis)	430
Diphtheria (release)	201
Tuberculosis	150
Syphilis	465
Gonorrhoea	19
Glanders	13
Malaria	5
Rabies	12
Virulence test (diphtheria)	8
Total	1327

Chemical Division

Water	107
Milk	146
Sewage	6
Total	259

Special Division

Water	0
Industrial Waste	24
Sewage	15
Total all Laboratories	39

Vital Statistics Notes

Valueless. To report a birth in a careless and dilatory manner is nothing less than criminal. Our records are cluttered up with many certificates which are absolutely valueless, as identification is impossible because of incorrect spelling of names.

It has been noted that many applicants have been put to trouble and expense to prove the date of their birth because of our inability to find the copy of the certificate in the office. Investigation has shown that the original was filed, but the name so spelled or mutilated, by the person writing the certificate, that it was unrecognizable and useless.

Cases and Deaths
Principal Communicable Diseases

FIRST FIVE MONTHS

Disease	*Cases Reported*		*Deaths*	
	1917	1918	1917	1918
Typhoid Fever	70	69	27	16
Scarlet Fever	759	881	7	21
Measles	4608	3862	66	48
Whooping Cough	561	1904	20	150
Diphtheria	863	1038	84	73
Tuberculosis	754	894	772	796

May — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2594 25.9	2604 25.5	2926 28.3	2865 27.1	**2906** ***24.7**
MARRIAGES, *Marriage Rate,*	878 8.7	940 9.2	1143 11.0	1327 12.5	**881** ***7.4**
DEATHS, *Death Rate,*	1490 15.2	1411 13.7	1664 16.3	1820 17.6	**1483** ***12.6**
COMMUNICABLE DISEASES, DEATHS, *Per Cent to Total Deaths,*	213 14.2	193 13.6	204 12.2	258 14.2	**221** **14.9**
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	239 95.2	212 77.7	288 106.0	267 88.0	**255** **81.4**

* 1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

COMMUNICABLE DISEASES — MAY 1918

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	**1,410,665**	**15**	**932†**	**160**	**411†**	**132**	**11**	**2**	**225**	**30**	**775**
NEW HAVEN CO.											
New Haven	161,817	1	21	3	100	7	1	....	48	....	13
Waterbury	101,660	....	9	6	22	15	1	....	16	....	8
Meriden (city and town)	31,940	2	6	5	1	4	....	....	13	....	1
Ansonia	17,581	....	3	1	7	....	....	....	3	....	13
Orange (inc. West Haven)	16,561	....	2	....	6	....	....	....	....	1	13
Naugatuck	13,671	....	....	....	....	1	....	....	1	....	1
Wallingford (town and boro)	11,856	....	1	5	....	....	....	....	1	....	....
Milford	10,403	....	17	....	14	....	....	....	1	....	....
Derby	10,079	....	....	....	....	1	....	....	1	....	1
Hamden	9,301	....	23	....	6	2	....	....	1	3	6
Branford (town and boro)	7,172	....	7	....	4	....	....	....	2	1	....
Seymour	6,391	....	....	1	1	....	....	....	2	....	....
Towns under 5,000	23,549	....	5	3	10	1	....	....	3	2	28
FAIRFIELD CO.											
Bridgeport	152,524	....	58	21	24	18	4	....	28	1	54
Stamford (city and town)	40,734	....	119	3	27	....	....	....	4	....	37
Norwalk	28,660	1	++	9	....	1	....	....	6	....	....
Danbury (city and town)	24,053	1	10	1	3	....	....	....	....	....	4
Greenwich (town and boro)	18,656	....	65	1	4	2	1	....	2	2	10
Stratford	12,945	....	4	....	1	1	....	....	2	1	2
Fairfield	11,915	....	2	....	....	1	....	....	1	....	....
Shelton	8,573	1	....	....	....	....	....	....	....	1	10+
Darien	8,198	1	2	....	7	....	....	....	....	....	1
Westport	5,337	....	....	....	....	....	....	....	1	....	....
Towns under 5,000	26,584	....	106	1	3+	2	....	....	....	....	12+
HARTFORD CO.											
Hartford	129,353	3	37	12	53	23	1	....	17	1	81
New Britain	58,440	....	30	7	9	8	1	....	6	1	49
Bristol (city and town)	19,771	....	....	2	1	1	....	....	7	....	9
Manchester	16,836	....	5	1	2	2	....	....	6	2	51
Enfield	11,847	....	....	....	....	....	1	....	....	1	1
East Hartford	10,878	1	....	2	....	2	....	....	1	....	1
Southington (town and boro)	9,312	1	....	1	....	....	....	....	....	....	....
West Hartford	7,440	....	2	8	12	....	....	....	3	....	8
Windsor	6,573	1	16	3	1	1	....	....	....	....	4
Glastonbury	6,302	....	9	2	5	....	....	....	....	....	8
Berlin	5,409	....	....	....	....	2	....	....	1	....	....
Towns under 5,000	47,958	....	32	1	15+	....	....	....	3	1	98
NEW LONDON CO.											
Norwich (city and town)	29,320	....	....	2	....	3	....	....	6	3	....
New London	25,648	....	14	33	9	4	....	....	5	....	24
Stonington (town and boro)	10,667	....	69	....	11	4	....	....	....	....	4
Groton (town and boro)	7,241	....	10	8	6	1	....	....	....	7	71
Towns under 5,000	29,600	....	26	8	5	4	....	1	3	....	65
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	....	....	6	....	....	1	....	4+
Winchester (inc. Winsted)	9,910	....	2	....	....	....	....	....	....	....	2
Plymouth	7,185	....	....	2	....	1	....	....	1	....	....
Watertown	6,136	....	30+	....	++	2	....	....	3	....	1+
New Milford	5,229	....	20	....	....	1	1	....	....	....	....
Towns under 5,000	31,992	....	149†	3	24+	1	....	....	1	1	18
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	2	....	....	1	....	....	3	1	1
Putnam (city and town)	8,349	....	1	....	....	1	....	....	4	....	1
Plainfield	8,259	....	3	....	....	1	....	....	2	....	2
Killingly (inc. Danielson)	7,516	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	15,543	....	4	1	1	1	....	....	5	....	5
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	1	1	....	4	....	....	8	....	2
Towns under 5,000	26,862	2	10	2	2	....	....	1	2	....	35
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	....	....	....	2	....	....	....	....	....
Stafford (town and boro)	6,242	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	13,317	....	....	1	15	....	....	....	1	....	16

BIRTHS, MARRIAGES AND DEATHS

May 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	**1,410,665**	**2906**	**98**	**881**	**1483**	**12.6**	**1.3**	**81.4**	**255**	**87**	**401**
Ansonia	17,581	47	....	22	16	10.2	1.3	115.7	6	....	2
Berlin	5,409	6	....	....	2	4.4	.....	.....	....	....	1
Branford	7,172	5	....	3	5	8.3	.....	111.1	1	....	1
Bridgeport	152,524	357	12	123	159	11.5	1.4	96.2	41	12	26
Bristol	19,771	52	2	9	10	5.4	0.6	77.7	4	....	2
Danbury	24,053	41	1	11	21	8.9	1.9	50.3	2	2	5
Darien	8,198	5	....	1	6	1.4	.....	.....	....	....	6
Derby	10,079	36	....	7	15	9.5	1.1	141.7	6	2	4
East Hartford	10,878	18	....	6	5	4.4	.....	52.8	1	....	2
Enfield	11,847	24	1	14	11	10.1	1.0	105.5	3	1	4
Fairfield	11,915	11	1	5	9	9.0	3.0	86.6	2	....	3
Glastonbury	6,302	10	....	6	5	9.5	1.9	105.2	1	....	3
Greenwich	18,656	41	1	25	23	12.8	1.9	74.3	3	2	6
Groton	7,241	14	1	5	7	11.6	1.6	77.4	1	....	....
Hamden	9,301	24	....	3	5	5.1	1.2	.....	....	....	3
Hartford	129,353	366	13	107	174	12.7	1.5	81.9	29	8	38
Killingly	7,516	15	....	5	5	7.9	1.5	.....	....	....	2
Manchester	16,836	40	....	14	8	5.7	1.4	28.3	1	1	2
Meriden	31,940	75	3	17	38	9.7	0.3	60.7	5	1	12
Middletown	26,931	43	....	11	48	9.3	0.5	110.7	6	3	13
Milford	10,403	18	....	4	6	6.9	1.1	64.5	1	....	1
Naugatuck	13,671	33	1	1	9	7.8	.....	99.2	3	....	3
New Britain	58,440	163	4	25	62	11.9	1.0	68.5	12	8	17
New Haven	161,817	378	16	119	221	14.7	1.4	81.4	35	18	51
New London	25,648	38	....	30	38	13.5	1.8	85.4	5	1	11
New Milford	5,229	7	....	1	4	6.8	2.2	.....	....	1	1
Norwalk	28,660	50	1	16	45	18.3	2.0	130.0	7	5	12
Norwich	29,320	61	3	27	47	14.3	2.4	75.7	5	....	8
Orange	16,561	23	1	16	14	9.4	0.7	159.4	4	1	1
Plainfield	8,259	16	....	5	3	4.3	.....	.....	....	....	1
Plymouth	7,185	10	....	12	5	8.3	1.6	71.0	1	....	1
Putnam	8,349	18	....	4	8	10.3	1.4	116.5	2	....	3
Seymour	6,391	18	....	3	8	15.0	.....	112.6	2	....	3
Shelton	8.573	22	....	7	12	12.5	1.3	.....	....	....	2
Southington	9,312	16	....	5	5	6.4	.....	51.2	1	....	3
Stafford	6,242	9	1	2	5	7.6	1.9	.....	....	....	2
Stamford	40,734	92	2	30	48	13.5	1.7	136.6	11	4	11
Stonington	10,667	23	1	14	8	8.9	2.2	161.3	3	....	3
Stratford	12,945	24	3	1	8	6.4	0.9	155.3	4	....	3
Torrington	21,436	50	2	10	18	8.3	1.1	57.9	3	....	9
Vernon	8,825	18	....	6	6	8.1	2.7	134.0	2	1	1
Wallingford	11,856	26	1	5	15	14.1	4.0	88.8	2	1	5
Waterbury	101,660	222	11	60	92	9.5	0.9	54.2	13	5	17
Watertown	6,136	14	....	2	4	7.8	.....	.....	....	....	3
West Hartford	7,440	11	....	3	9	14.5	1.6	.....	....	1	4
Westport	5,337	10	....	....	7	11.2	.....	.....	....	1	3
Winchester	9,910	33	2	4	10	10.8	.....	88.8	2	....	3
Windham	14,178	34	3	8	12	8.4	0.8	88.4	3	1	7
Windsor	6,573	3	1	1	3	5.4	.....	.....	....	....	3
Towns under 5,000	215,405	236	10	66	179	9.9	1.1	76.7	22	7	74

FOR THE MONTH OF MAY, 1918

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
1	9	4	25	12	12	158	33	99	12	1	161	30	12	85	15	4	450	209
						1		1			4	3						1
				1														
											1			1				
			5	4		15	3	12			21	4	2	9			67	12
						1		1			1				1			1
	2					2	1	1							1		5	3
											1						5	5
						1		2			2			1			5	7
											1							1
						1			1		3			1	1			1
						3	1				1				1			
			1			1												
						3		1			2	1		3				3
		1	1			1	1	1						1				
						1					1			1				1
		1		2	3	15	5	10	2		16	6	2	9	2		96	36
								2					1					
					1	2												
					1	11	1	5			1			3			14	12
				1		7		1			9	1		1			33	27
						1	1	1										
			1								1			1				
	1	1	4		2	4	1	1	1		4	4	2	3			17	4
			8	1		20	7	18	4		32	4		10	3	2	81	22
	1				1	4			1		2	1	2	4	1		14	9
											1			1				1
1		1	1			4	1	7			2		1	4			11	2
						10	1	6			5		1	3			22	11
						1		2								1	1	1
											1							
				1		1												
						1	1				1						3	1
								1			1							
						5					1			1			4	3
								1			1							
						1		1						1	1		2	1
	2		2		2	4	2	3			6	2	1	3			6	2
						2			1		1							
											1	1						1
						2					4	1		2			4	3
						1					2							
						4	1										4	1
				1		5	3	8	1		15			9	1		32	11
						1	1	1						1				
	1							1			1						2	2
							1	1			1			1			5	1
						1					1	1					2	2
	1		2	1	2	21	1	10	1	1	13	1		11	3	1	15	21

LOOK!

If your rate is over 50 there is need for Infant Welfare Work in your town

Death Rate per 1000 Births, 1917
(Infants under 1 year)

Towns, Population Over 5,000

Ansonia	135.0	New Milford	67.9
Berlin	116.8	Norwalk	95.9
Branford	166.6	Norwich	107.3
Bridgeport	86.8	Orange	83.0
Bristol	79.5	Plainfield	111.1
Danbury	90.1	Plymouth	94.6
Darien	132.0	Putnam	58.2
Derby	80.7	Seymour	154.9
East Hartford	101.3	Shelton	82.5
Enfield	99.7	Southington	107.7
Fairfield	119.1	Stafford	37.7
Glastonbury	52.6	Stamford	105.8
Greenwich	123.9	Stonington	107.6
Groton	70.9	Stratford	100.3
Hamden	65.4	Torrington	88.5
Hartford	102.6	Vernon	61.4
Killingly	141.1	Wallingford	92.5
Manchester	44.8	Waterbury	104.6
Meriden	68.8	Watertown	96.1
Middletown	58.4	West Hartford	*169.8
Milford	107.5	Westport	70.1
Naugatuck	93.6	Winchester	92.5
New Britain	105.9	Windham	81.0
New Haven	83.7	Windsor	131.9
New London	85.4	Average above towns	93.7

*Including foundling institution.

State Rate, including towns under 5,000..............93.1

These rates indicate that 1,611 babies died last year, who would be alive today if we had fully realized and met our responsibility.

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WASHINGTON, D. C

CONNECTICUT
HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

AUGUST, 1918

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ALL CORRESPONDENCE, except for laboratory outfits, should be directed to THE STATE DEPARTMENT OF HEALTH, STATE CAPITOL, HARTFORD

CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 32 AUGUST, 1918 No. 8

Editorial

Owing to conditions beyond our control the HEALTH BULLETIN will be issued in this abbreviated form for the present.

Whooping Cough. In June the BULLETIN called attention to the high death rate of Whooping Cough. This disease continues to demand its toll in deaths of children at an alarming rate. So far this year, 168 deaths have been reported due to this disease, while 161 was the combined total from Diphtheria, Measles and Scarlet Fever. There is no reason why the death rate of Whooping Cough should not be reduced as it has been in these other diseases. Whooping Cough is invariably treated by parents and some doctors as a simple infection, and many children are wilfully exposed to this disease. It is high time that parents realized that Whooping Cough is neither simple nor necessary. Also, that doctors give each case the same attention they give to other serious troubles and not wait until Pneumonia or other complications develop.

Physicians! The booklets on Venereal Disease and Tuberculosis are being sent to Health Officers as fast as the printer is able to supply them. Every physician should see that he receives his allotment for distribution among his patients, as well as for general distribution, which is earnestly urged by this Department.

Statistics

June — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2577 25.8	2563 25.1	2573 24.9	2982 28.2	2931 24.9
MARRIAGES, *Marriage Rate,*	1423 14.2	1410 13.8	1893 18.3	2005 19.0	1409 11.9
DEATHS, *Death Rate,*	1223 12.2	1290 12.5	1473 14.4	1496 14.4	1273 10.8
COMMUNICABLE DISEASES, DEATHS, *Per Cent to Total Deaths,*	85 6.9	176 13.6	178 12.0	224 14.9	165 12.9
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	190 75.6	212 78.1	214 78.4	221 74.8	214 68.3

* 1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

Laboratory Statistics — June, 1918

Diagnostic Division

Typhoid	36
Diphtheria (Diagnosis)	506
Diphtheria (Release)	175
Tuberculosis	140
Syphilis	314
Gonorrhoea	33
Glanders	5
Malaria	7
Rabies	12
Special	2
Total	1230

Chemical Division

Water	121
Milk	227
Sewage	6
Total	354

Special Division

Water	66
Industrial Wastes	8
Sewage	61
	135

Total all Laboratories......1719

COMMUNICABLE DISEASES — JUNE 1918

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,410,665	24	550+	103	259	132	10	....	236	8	375
NEW HAVEN CO.											
New Haven	161,817	....	14	1	34	5	1	....	63	....	30
Waterbury	101,660	1	17	3	2	12	1	....	23	....	7
Meriden (city and town)	31,940	....	1	6	....	6	....	....	6	....	....
Ansonia	17,581	....	....	....	....	....	....	....	6	....	10
Orange (inc. West Haven)	16,561	....	16	1	4	1	....	....	1	....	8
Naugatuck	13,671	1	....	2	....	2	....	....	....	....	....
Wallingford (town and boro)	11,856	....	1	3	....	....	1	....	....	....	....
Milford	10,403	1	2	....	1	....	....	....	2	....	1
Derby	10,079	....	....	....	....	3	....	....	1	....	....
Hamden	9,301	....	34	....	6	....	....	....	1	....	4
Branford (town and boro)	7,172	....	3	....	11	....	....	....	1	....	3
Seymour	6,391	....	....	1	....	....	....	....	3	....	....
Towns under 5,000	23,549	....	3	3	7	7	....	....	1	....	20
FAIRFIELD CO.											
Bridgeport	152,524	3	60	2	29	16	2	....	29	....	60
Stamford (city and town)	40,734	1	33	1	26	1	....	....	6	....	6
Norwalk	28,660	1	....	2	....	....	....	....	4	....	3
Danbury (city and town)	24,053	....	....	1	....	....	....	....	....	....	....
Greenwich (town and boro)	18,656	1	18	2	8	9	....	....	2	2	5
Stratford	12,945	3	12	....	....	....	....	....	1	....	5
Fairfield	11,915	....	....	....	....	....	....	....	....	....	....
Shelton	8,573	2	4	....	1	....	....	....	2	....	14
Darien	8,198	....	1	....	2	....	....	....	1	....	1
Westport	5,337	....	2	....	....	....	....	....	....	....	....
Towns under 5,000	26,584	....	26	....	26	.. 4	....	....	1	....	6
HARTFORD CO.											
Hartford	129,353	2	29	5	36	9	....	....	22	1	65
New Britain	58,440	1	24	25	10	12	2	....	12	1	14
Bristol (city and town)	19,771	....	....	2	1	....	....	....	9	....	6
Manchester	16,836	1	13	1	....	....	....	....	1	....	6
Enfield	11,847	....	2	....	....	....	....	....	....	....	....
East Hartford	10,878	....	5	1	....	....	1	....	....	....	7
Southington (town and boro)	9,312	....	....	....	....	1	....	....	....	....	....
West Hartford	7,440	....	....	....	5	4	....	....	2	....	2
Windsor	6,573	....	....	....	....	1	....	....	....	....	....
Glastonbury	6,302	....	....	....	1	1	....	....	....	....	3
Berlin	5,409	....	....	1	....	....	....	....	....	....	....
Towns under 5,000	47,958	1	25+	2	6	1	....	....	1	1	13
NEW LONDON CO.											
Norwich (city and town)	29,320	....	....	3	....	2	....	....	6	....	3
New London	25,648	....	3	10	12	9	....	....	6	....	16
Stonington (town and boro)	10,667	....	56	1	3	....	....	....	....	....	4
Groton (town and boro)	7,241	....	1	2	6	1	....	....	2	1	17
Towns under 5,000	29,600	1	10	4	3	6	....	....	1	....	11
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	1	....	12	....	....	2	....	1
Winchester (inc. Winsted)	9,910	2	6	....	....	....	....	....	1	....	....
Plymouth	7,185	....	....	1	....	1	....	....	1	....	....
Watertown	6,136	1	25	....	1	....	1	....	....	....	....
New Milford	5,229	....	27	....	....	2	....	....	....	....	....
Towns under 5,000	31,992	....	36	2	4	1	....	....	4	....	7
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	1	17	1	1	....	....	....	3	1	....
Putnam (city and town)	8,349	....	1	....	....	....	....	....	3	....	....
Plainfield	8,259	....	4	....	....	....	....	....	1	....	....
Killingly (inc. Danielson)	7,516	....	1	....	....	....	....	....	2	....	1
Towns under 5,000	15,543	....	3	....	....	....	....	....	2	....	6
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	6	2	2	3	....	....	1	....	....
Towns under 5,000	26,862	....	4	....	4	....	1	....	....	1	9
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	4	....	....	....	....	....	....	....	....
Stafford (town and boro)	6,242	....	....	....	....	....	....	....	....	....	1
Towns under 5,000	13,317	....	1	11	7	....	....	....	....	....	....

BIRTHS, MARRIAGES AND DEATHS

June 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	**1,410,665**	**2931**	**104**	**1409**	**1273**	**10.8**	**0.9**	**68.3**	**214**	**91**	**361**
Ansonia	17,581	40	2	25	12	8.1	....	57.8	3	....	5
Berlin	5,409	8	....	2	5	11.0	....	155.8	1	1	2
Branford	7,172	8	1	5	6	10.0	....	111.1	1	....	2
Bridgeport	152,524	394	12	165	130	9.7	1.1	65.7	28	24	18
Bristol	19,771	44	....	23	11	6.6	0.6	19.4	1	2	3
Danbury	24,053	55	1	22	22	10.4	0.5	150.3	6	1	8
Darien	8,198	3	....	5	10	4.3	....	226.4	1	....	9
Derby	10,079	48	2	17	18	13.1	1.1	94.4	4	3	3
East Hartford	10,878	18	1	11	11	12.1	1.1	105.7	2	....	3
Enfield	11,847	29	....	13	3	3.0	1.0	....	....	....	....
Fairfield	11,915	14	....	10	5	5.0	....	86.6	2	1	....
Glastonbury	6,302	10	....	6	3	5.7	....	....	....	....	1
Greenwich	18,656	39	....	28	15	8.3	....	24.7	1	1	6
Groton	7,241	19	1	10	7	11.6	1.6	77.4	1	....	3
Hamden	9,301	16	....	6	6	7.7	1.2	56.0	1	1	2
Hartford	129,353	366	13	171	149	10.2	0.7	87.6	31	7	31
Killingly	7,516	19	1	3	6	9.5	....	....	....	1	3
Manchester	16,836	38	....	28	8	5.7	1.4	....	....	1	4
Meriden	31,940	82	2	36	42	14.2	2.2	109.4	9	1	10
Middletown	26,931	48	2	21	35	8.0	1.3	73.8	4	1	11
Milford	10,403	13	2	4	5	5.7	1.1	....	....	....	3
Naugatuck	13,671	25	1	16	11	9.7	1.7	33.0	1	....	....
New Britain	58,440	152	3	51	44	8.8	2.0	62.7	11	5	7
New Haven	161,817	358	17	206	167	11.1	1.2	69.8	30	7	42
New London	25,648	68	5	50	28	12.1	1.8	85.4	5	....	6
New Milford	5,229	7	....	7	6	13.7	2.2	....	....	....	4
Norwalk	28,660	37	....	25	27	11.2	....	37.1	2	3	10
Norwich	29,320	64	3	43	45	13.9	1.6	136.1	9	2	11
Orange	16,561	28	1	18	14	8.6	2.1	39.8	1	1	4
Plainfield	8,259	11	....	1	4	2.9	2.9	74.0	1	....	1
Plymouth	7,185	9	....	4	5	8.3	1.6	71.0	1	2	....
Putnam	8,349	19	....	9	10	14.3	....	233.0	4	....	2
Seymour	6,391	22	1	4	4	7.5	1.8	112.6	2	....	....
Shelton	8.573	16	1	12	12	9.7	1.3	....	....	....	2
Southington	9,312	16	....	7	10	12.8	....	51.3	1	....	6
Stafford	6,242	9	....	3	5	7.6	....	....	....	....	1
Stamford	40,734	86	4	35	30	7.7	0.5	37.1	3	1	12
Stonington	10,667	20	....	7	10	11.2	4.4	53.8	1	1	2
Stratford	12,945	28	1	10	5	4.6	0.9	....	....	1	3
Torrington	21,436	42	1	11	15	8.3	....	77.2	4	1	5
Vernon	8,825	12	....	16	15	19.0	2.7	....	....	....	5
Wallingford	11,856	13	1	5	5	5.0	....	44.4	1	....	2
Waterbury	101,660	229	12	94	79	8.8	0.8	75.1	18	11	14
Watertown	6,136	7	....	2	4	7.8	....	115.3	1	1	1
West Hartford	7,440	14	1	5	5	8.0	....	75.4	1	....	3
Westport	5,337	7	....	....	4	4.4	....	....	....	....	2
Winchester	9,910	24	1	12	11	10.8	2.4	88.8	2	....	4
Windham	14,178	36	2	10	29	23.6	....	176.9	6	4	10
Windsor	6,573	7	....	2	3	5.4	....	....	....	1	....
Towns under 5,000	215,405	254	9	133	157	8.6	1.2	45.2	13	5	75

FOR THE MONTH OF JUNE, 1918

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
4	6	3	18	10	6	117	28	113	7	....	72	52	13	95	12	8	371	163
...	...	...	....	...	....	....	....	....	....	....	....	3	....	1	....	....	....	....
...	...	...	....	...	....	....	1	1	....	....	....	2	....	....	....	....	....	....
...	...	...	....	...	....	....	....	1	....	....	1	....	....	1	....	....	....	....
1	3	...	2	2	....	12	4	5	....	....	11	6	....	21	1	1	40	6
...	...	...	....	...	....	1	....	....	....	....	1	....	....	....	....	....	....	....
...	1	...	....	...	....	....	....	4	....	....	3	....	....	....	....	....	3	1
...	...	...	....	...	....	....	....	1	....	....	1	....	....	....	....	....	7	7
...	...	...	....	2	1	2	....	1	....	....	....	3	1	3	....	....	5	7
...	...	...	....	...	....	1	1	1	....	....	1	....	....	....	....	....	....	....
...	...	...	....	...	....	1	....	....	....	....	....	....	....	....	....	....	....	....
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...	...	...	....	...	....	....	....	2	....	....	1	....	....	3	....	....	7	2
...	...	...	....	...	....	1	....	....	....	....	....	....	....	1	....	....	....	....
...	...	...	....	...	....	1	....	....	....	....	....	1	....	....	....	....	....	....
1	...	...	....	...	1	7	5	14	1	....	10	14	4	12	1	....	87	39
...	...	...	1	...	....	....	....	....	....	....	....	....	....	....	....	....	....	....
...	1	...	....	...	....	1	....	1	....	....	1	....	....	....	....	....	....	....
...	...	...	1	...	3	8	....	4	....	....	1	....	....	2	....	....	11	4
...	...	...	....	...	1	2	....	4	....	....	5	....	....	....	1	1	20	17
...	...	...	....	...	....	1	....	....	....	....	1	....	....	1	1	....	....	....
...	...	...	....	1	....	2	....	1	....	....	....	....	....	....	....	....	....	....
...	...	1	1	2	....	7	....	5	1	....	....	4	1	5	....	1	8	1
...	...	...	5	...	....	9	3	20	1	....	6	6	1	16	....	2	65	17
...	...	...	2	1	....	4	....	4	....	....	1	....	1	2	....	....	6	2
...	...	...	....	...	....	1	....	....	....	....	....	....	....	....	....	....	....	....
1	...	2	....	...	....	....	2	3	....	....	2	1	....	1	1	1	3	....
...	...	...	....	...	....	7	1	5	....	....	....	....	....	2	....	1	20	11
...	...	...	1	...	....	2	1	....	....	....	....	....	....	2	....	....	3	2
...	...	...	....	...	....	2	....	....	....	....	....	....	....	....	....	....	....	....
...	...	...	....	...	....	1	....	....	....	....	1	....	....	....	....	....	....	....
...	...	...	....	...	....	....	....	1	....	....	....	....	....	1	....	....	2	....
...	...	...	....	...	....	1	....	....	....	....	1	....	....	....	....	....	....	....
...	...	...	....	...	....	6	....	1	....	....	1	....	....	....	....	....	5	5
...	...	...	....	...	....	....	....	2	....	....	....	....	....	....	1	1	....	....
...	...	...	....	...	....	....	....	....	....	....	1	....	....	1	1	....	2	1
...	...	...	1	...	....	1	1	2	....	....	1	....	....	2	....	....	10	6
...	...	...	....	...	....	3	....	....	1	....	....	....	....	....	....	....	....	....
...	...	...	....	...	....	1	....	....	....	....	1	....	....	....	....	....	....	....
...	...	...	....	...	....	....	2	2	....	....	1	3	....	1	....	....	2	....
...	...	...	....	...	....	2	1	2	....	....	1	....	....	1	....	....	....	1
...	...	...	....	...	....	....	....	....	....	....	....	....	....	1	....	....	1	....
...	...	...	1	1	....	6	2	6	2	....	7	6	1	5	....	....	30	4
...	...	...	....	...	....	....	....	....	1	....	1	....	....	....	....	....	....	....
...	...	...	....	...	....	....	....	....	....	....	....	....	....	....	....	....	3	....
...	...	...	....	...	....	....	....	1	....	....	....	....	....	....	....	....	1	2
1	...	...	1	...	....	1	....	....	....	....	....	....	....	....	....	....	....	2
...	1	...	....	...	....	....	....	2	....	....	4	1	2	1	....	....	7	1
...	...	...	1	...	....	....	....	....	....	....	....	....	....	....	1	....	....	....
...	...	...	1	1	....	23	4	16	....	....	6	2	2	9	4	....	23	25

War and Babies

The necessity of giving every mother a chance to learn how to protect the health of her children and of arousing the whole community to its responsibility for preventing infant deaths especially under the pressure of war conditions is evidenced by the figures contained in the latest report of the Children's Bureau of the United States Department of Labor. The report deals with conditions surrounding 2,197 babies born in Waterbury, Connecticut, a town of nearly seventy-five thousand in 1910, whose population has increased rapidly since the war because of the brass and copper industries.

Waterbury has a large foreign population and little has been done to place at disposal of the many Lithuanian and Italian mothers knowledge of modern methods of hygiene. Many mothers speak no English. The isolation of the foreign born group is instanced by the fact that three of the mothers interviewed, although born in this country, could speak no English. For these mothers few educational facilities are available. Few of them seek the services of the visiting nurses association. Among the Lithuanian babies is the largest number of babies whose births are unrecorded. And in Waterbury the health office had no record of 329 live births, or practically a seventh of the total number occurring during the year studied. When the birth is unregistered the chance of receiving from the organized health forces of the community the aid at their command is of course greatly lessened.

The Lithuanian mothers show the largest per cent. of babies who are not given the protection of breast feeding even during the first three months. In their group also occurs the highest per cent. of infant deaths from digestive diseases — diseases largely preventable, and traceable not only to such things as housing conditions which are often beyond the control of the individual mother, but to indiscreet feeding which could be prevented if wise advice were made available to every mother, and an effort were made to make plain to mothers the importance of breast feeding.

The Children's Bureau in presenting the report emphasized particularly its bearing on the Children's Year work to save 100,000 babies. The intensive statistical study in Waterbury serves to point again the value of classes for training mothers in the feeding and general care of children.

—*Press Service U. S. Children's Bureau.*

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CONNECTICUT
HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

SEPTEMBER, 1918

PASTEURIZED Milk Makes The Youngsters Grow Fast And Strong

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CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 32 SEPTEMBER, 1918 No. 9

Editorial

Working Overtime. Men and women of all trades and professions are working overtime. The country is beginning to feel the stress of war and its only salvation is to play overtime as well. Hard work with hard play will save the day. There is no time for worries.

Burial Permits. Bodies are being buried in this State before the burial permits are secured from the town registrar. Recent checking up in different parts of the State has disclosed this astounding fact. The law is specific on this point. It says, "No deceased person shall be buried in the town in which such person shall have died until a burial permit, stating the place of burial and that the certificate of death required by law has been returned and recorded, has been given by the registrar, who shall issue such permit whenever such certificate of death has been received by him, and the registrar shall record the place of any burial other than in a public cemetery." Undertakers and sextons of cemeteries are notified that any violation of this law will be promptly reported for court action. The registrars are requested to check up the date of death with the date of record, and report to this office any discrepancy relative to the law.

Baby Weighing. Thousands of babies are being weighed in the State under the direction of the Child Welfare Department of the Council of Defense. This movement will impress upon the minds of many mothers the necessity for keeping her child up to standard. Fully as good a result will be the revelation, to many observers, of the great need for active measures looking to the protection of the health of the 36,000 babies presented to us each year.

Statistics

July — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2621 26.2	2720 26.6	2942 28.5	3191 30.2	3264 28.1
MARRIAGES, *Marriage Rate,*	833 8.3	923 9.1	1151 11.1	1152 10.9	939 7.0
DEATHS, *Death Rate,*	1429 14.3	1499 14.7	1555 15.0	1553 14.7	1412 12.0
COMMUNICABLE DISEASES, DEATHS, *Per Cent to Total Deaths,*	165 11.5	159 10.6	201 12.9	253 16.2	153 10.8
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	318 126.6	367 138.0	369 135.3	252 89.7	306 97.7

* 1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

Laboratory Statistics — July, 1918

Diagnostic Division

Typhoid	67
Diphtheria (Diagnosis)	608
Diphtheria (Release)	344
Tuberculosis	129
Syphilis	343
Gonorrhoea	26
Glanders	8
Malaria	3
Rabies	18
Special	1
Total	1547

Chemical Division

Water	102
Milk	149
Sewage	2
Total	253

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,410,665	38	304†	59	269†	159	9	1	240	17	300
NEW HAVEN CO.											
New Haven	161,817	7	37	4	62	5	1	....	45	....	3
Waterbury	101,660	3	15	4	12	14	1	1	13	....	13
Meriden (city and town)	31,940	2	4	8	....	10	....	....	8	....	1
Ansonia	17,581	1	....	....	....	....	....	....	6	....	6
Orange (inc. West Haven)	16,561	....	7	....	10	....	1	....	6	....	4
Naugatuck	13,671	....	....	....	....	3	....	....	3	....	....
Wallingford (town and boro)	11,856	....	....	....	....	....	....	....	....	....	....
Milford	10,403	....	1	....	2	....	....	....	2	....	....
Derby	10,079	2	....	....	....	2	....	....	1	....	....
Hamden	9,301	....	5	....	1	1	....	....	5	....	2
Branford (town and boro)	7,172	....	....	....	1	1	....	....	1	....	....
Seymour	6,391	1	....	....	....	1	....	....	4	....	....
Towns under 5,000	23,549	....	5	2	9	....	....	....	2	....	9
FAIRFIELD CO.											
Bridgeport	152,524	2	22	2	12	28	4	....	26	3	71
Stamford (city and town)	40,734	....	2	....	5	....	....	....	7	....	3
Norwalk	28,660	1	....	1	....	2	....	....	2	....	....
Danbury (city and town)	24,053	....	....	....	....	1	....	....	1	....	....
Greenwich (town and boro)	18,656	2	18	1	2	1	....	....	9	3	14
Stratford	12,945	....	....	....	....	....	....	....	3	....	1
Fairfield	11,915	....	1	....	....	4	....	....	....	....	....
Shelton	8,573	1	2	3	....	2	....	....	....	....	....
Darien	8,198	....	....	....	4	2	....	....	1	....	....
Westport	5,337	....	1	....	....	....	....	....	....	1	2
Towns under 5,000	26,584	....	14	....	1	....	....	....	4	....	2
HARTFORD CO.											
Hartford	129,353	5	24	4	38	21	2	....	28	4	72
New Britain	58,440	1	11	10	1	17	....	....	12	1	8
Bristol (city and town)	19,771	....	....	1	25	....	....	....	4	1	3
Manchester	16,836	2	4	1	....	....	....	....	1	....	4
Enfield	11,847	....	1	....	....	....	....	....	....	....	....
East Hartford	10,878	....	....	....	....	1	....	....	3	....	5
Southington (town and boro)	9,312	1	....	....	....	2	....	....	1	....	....
West Hartford	7,440	....	2	1	7	2	....	....	2	....	3
Windsor	6,573	....	....	....	....	1	....	....	....	....	....
Glastonbury	6,302	....	1	....	1	2	....	....	....	....	1
Berlin	5,409	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	47,958	1	44†	....	8†	....	....	....	3	1	13
NEW LONDON CO.											
Norwich (city and town)	29,320	....	....	....	....	3	....	....	2	1	5
New London	25,648	....	2	4	13	4	....	....	4	....	13
Stonington (town and boro)	10,667	....	18	....	2	1	....	....	1	....	....
Groton (town and boro)	7,241	2	4	....	4	1	....	....	1	....	2
Towns under 5,000	29,600	1	2	1	13	7	....	....	6	1	12
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	1	....	4	....	....	....	....	4
Winchester (inc. Winsted)	9,910	....	4	....	2	....	....	....	1	....	....
Plymouth	7,185	....	....	1	1	....	....	....	1	....	....
Watertown	6,136	....	5	....	1	....	....	....	....	....	2
New Milford	5,229	1	8	1	....	2	....	....	2	....	....
Towns under 5,000	31,992	2	12	1	10	1	....	....	2	....	10
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	13	2	1	4	....	....	....	....	....
Putnam (city and town)	8,349	....	4	....	....	2	....	....	....	....	....
Plainfield	8,259	....	3	....	....	....	....	....	1	....	1
Killingly (inc. Danielson)	7,516	....	....	....	....	....	....	....	1	....	1
Towns under 5,000	15,543	....	2	....	....	1	....	....	2	....	2
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	2	2	1	4	....	....	5	1	1
Towns under 5,000	26,862	....	....	4	8	2	....	....	5	....	4
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	....	....	....	....	....	....	2	....	2
Stafford (town and boro)	6,242	....	1	....	....	....	....	....	1	....	....
Towns under 5,000	13,317	....	3	....	12	....	....	....	....	....	1

BIRTHS, MARRIAGES AND DEATHS

July 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	**1,410,665**	**3264**	**111**	**939**	**1412**	**12.0**	**0.9**	**97.7**	**306**	**91**	**364**
Ansonia	17,581	40	2	15	17	11.6	.....	135.0	7	3	3
Berlin	5,409	11	....	1	....	.....	.....	.....	....	....	....
Branford	7,172	13	....	7	8	11.7	1.6	.....	....	1	3
Bridgeport	152,524	416	18	117	161	12.1	1.2	122.0	52	13	18
Bristol	19,771	52	2	11	17	10.3	0.6	136.1	7	1	1
Danbury	24,053	45	2	7	23	9.4	.....	150.3	6	....	6
Darien	8,198	5	1	1	5	2.9	.....	226.6	1	....	4
Derby	10,079	52	1	10	18	19.0	.....	141.7	6	1	4
East Hartford	10,878	31	1	6	11	12.1	.....	264.3	5	1	1
Enfield	11,847	29	....	10	9	9.1	1.0	105.5	3	....	4
Fairfield	11,915	16	....	6	10	8.0	2.0	43.3	1	2	3
Glastonbury	6,302	5	....	3	4	5.7	.....	.....	....	....	2
Greenwich	18,656	48	2	35	28	14.1	0.6	24.7	1	3	9
Groton	7,241	13	....	4	8	13.2	3.3	.....	....	1	2
Hamden	9,301	19	....	2	3	2.5	.....	56.0	1	....	1
Hartford	129,353	389	13	130	167	11.2	0.8	104.5	37	10	35
Killingly	7,516	22	1	7	10	15.9	1.5	73.6	1	....	2
Manchester	16,836	36	1	9	16	10.6	.....	170.6	6	2	4
Meriden	31,940	68	....	22	44	12.7	0.7	97.2	8	5	13
Middletown	26,931	49	1	18	26	7.1	0.8	55.2	3	....	9
Milford	10,403	18	....	4	12	12.6	2.3	129.0	2	....	6
Naugatuck	13,671	25	1	4	5	4.3	0.8	33.0	1	....	....
New Britain	58,440	191	3	22	51	9.8	0.8	91.3	16	5	10
New Haven	161,817	422	16	136	185	11.9	1.4	86.1	37	10	56
New London	25,648	71	2	36	33	12.1	2.8	153.8	9	2	6
New Milford	5,229	7	1	2	5	11.4	.....	116.5	1	....	2
Norwalk	28,660	54	3	23	26	9.6	0.4	91.3	5	1	5
Norwich	29,320	68	1	28	25	7.3	0.8	60.6	4	1	3
Orange	16,561	37	....	9	14	8.6	1.4	159.4	4	3	2
Plainfield	8,259	12	3	2	4	5.8	2.9	.....	....	....	1
Plymouth	7,185	16	1	3	5	6.6	.....	.....	....	....	1
Putnam	8,349	20	1	8	12	12.9	.....	116.5	2	3	4
Seymour	6,391	24	....	1	6	11.2	.....	112.6	2	....	3
Shelton	8.573	23	1	3	8	9.7	.....	110.0	2	....	2
Southington	9,312	15	....	4	8	9.0	.....	51.2	1	....	4
Stafford	6,242	7	....	2	6	9.6	.....	.....	....	....	2
Stamford	40,734	92	....	36	39	8.8	0.8	86.7	7	....	10
Stonington	10,667	20	1	9	13	13.5	1.1	53.8	1	....	7
Stratford	12,945	24	....	5	11	10.1	1.8	38.8	1	1	6
Torrington	21,436	53	1	13	10	5.0	0.5	38.6	2	....	3
Vernon	8,825	12	....	8	2	2.7	.....	67.0	1	....	1
Wallingford	11,856	20	....	11	15	15.1	1.0	133.3	3	....	3
Waterbury	101,660	286	19	68	97	10.9	0.6	158.6	38	9	15
Watertown	6,136	10	....	5	3	5.8	1.9	.....	....	....	1
West Hartford	7,440	14	1	5	10	14.5	1.6	301.8	4	1	4
Westport	5,337	11	....	3	6	2.2	.....	105.2	1	....	3
Winchester	9,910	19	....	7	11	12.1	1.2	.....	....	1	5
Windham	14,178	35	....	9	10	7.6	0.8	117.9	4	....	....
Windsor	6,573	7	....	5	7	9.1	.....	.....	....	2	2
Towns under 5,000	215,405	292	11	47	188	10.4	1.1	45.2	13	9	73

FOR THE MONTH OF JULY, 1918

DEATHS FROM IMPORTANT CAUSES																	Institutional Deaths	Non-resident Deaths
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide		
4	3	1	23	9	2	111	24	100	2	0.0	59	155	11	119	14	1	421	222
...	...	...	...	...	...	...	2	1	...	...	...	6	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
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1	...	...	...	...	...	...	...	1	...	...	1	5	...	1	1	...	4	2
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1	1	...	1	...	...	7	5	11	...	...	8	15	1	18	3	...	95	46
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...	1	1	...	...	...	10	...	4	...	...	1	6	...	1	1	...	14	10
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...	...	...	...	...	...	2	...	1	...	...	...	1	...	...	...	...	...	1
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...	...	...	4	...	...	17	3	17	...	...	7	13	1	21	1	...	68	24
...	...	...	...	...	...	4	...	1	...	...	1	3	...	2	...	...	10	7
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...	...	...	2	...	...	1	...	1	...	...	...	4	...	1	...	...	1	2
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ALL CHILDREN CANNOT ENJOY
THE BENEFITS OF SALT AIR AND SEA BATHING BUT

ALL CAN HAVE
AND SHOULD HAVE PLENTY OF FRESH AIR AND SUNSHINE

LIBRARY
HYGIENIC LABORATORY
WASHINGTON, D. C 15 S 19

CONNECTICUT
HEALTH BULLETIN
Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

OCTOBER, 1918

WANTED:

Another JENNER!

IF Science could give us such absolute protection against Spanish Influenza as it does against Smallpox, there would now be no reason for anxiety as to the outcome of this new pandemic.

Should children be vaccinated?

(Read the back cover of this issue)

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ALL CORRESPONDENCE, except for laboratory outfits, should be directed to THE STATE DEPARTMENT OF HEALTH, STATE CAPITOL, HARTFORD

CONNECTICUT
HEALTH BULLETIN
A Journal to Promote Public Health
Entered in the Post Office at Hartford as second class matter

Vol. 32 OCTOBER, 1918 No. 10

Spanish Influenza

A Grave Public Danger. Connecticut has been reached by the pandemic of so-called Spanish Influenza, which has swept over Europe during the past year.

Early in September the first known cases in this state were discovered in New London. It is believed that the disease was carried there from Boston.

On September 12, by direction of the State Department of Health, influenza was made a reportable disease in New London until further notice and classified under Regulation 20C of the Sanitary Code. On September 18 it was made reportable for the whole state. Reports already received indicate that no town in Connecticut can hope to escape this new plague.

WARNING! Spanish Influenza is a dangerous disease, at least 3% of the cases resulting in death.

SYMPTOMS: Severe headache; pains in back; chills and fever; aching bones; sneezing; cold in the head.

TREATMENT: Do NOT try home remedies. Go to bed at earliest indication of sickness AND SEND FOR YOUR DOCTOR AT ONCE.

PRECAUTIONS: Stay in bed until the doctor tells you to get up, and exclude visitors.

This is a VERY contagious disease.

Statistics

August — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2783 27.8	2701 27.0	2987 28.9	3250 30.8	3283 27.8
MARRIAGES, *Marriage Rate,*	866 8.6	935 9.1	1004 9.7	1013 9.6	1018 8.6
DEATHS, *Death Rate,*	1596 15.9	1569 15.3	1684 16.3	1792 17.3	1425 12.1
COMMUNICABLE DISEASES, DEATHS, *Per Cent to Total Deaths,*	177 11.0	150 9.5	258 15.3	220 12.2	156 10.9
DEATHS UNDER 1 YEAR, *Rate per* 1,000 *Births,*	448 178.4	456 171.4	433 164.0	421 146.4	355 113.4

* 1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

Laboratory Statistics — August, 1918

Diagnostic Division

Typhoid		126
Diphtheria, (Diagnosis)	198	
Diphtheria, (Release)	578	
		776
Tuberculosis		131
Syphillis		362
Gonorrhoea		42
Glanders		4
Malaria		9
Rabies		6
Special		7
		1463

Chemical Division

Water	142
Milk	219
Sewage	6
	367

Special Division

Bacterial Analysis	68
Sanitary Chemical	79
Trade Wastes	35
	182
Total All Laboratories	2012

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	**1,410,665**	**104**	**110**	**37**	**188+**	**99**	**7**	**14**	**208**	**11**	**185**
NEW HAVEN CO.											
New Haven	161,817	15	17	4	42	15	1	....	39	2	10
Waterbury	101,660	12	13	2	15	9	....	....	20	....	32
Meriden (city and town)	31,940	4	....	4	....	3	....	....	6	....	2
Ansonia	17,581	....	....	1	....	....	....	....	6	....	2
Orange (inc. West Haven)	16,561	....	....	....	1	....	1	....	1	....	2
Naugatuck	13,671	1	....	....	....	....	....	....	1	....	1
Wallingford (town and boro)	11,856	13	....	1	....	1	....	....	4	....	....
Milford	10,403	....	....	....	1	....	....	....	....	....	....
Derby	10,079	1	....	....	....	1	....	....	2	....	....
Hamden	9,301	....	2	....	....	....	....	....	2	....	1
Branford (town and boro)	7,172	....	....	....	....	....	....	....	....	....	....
Seymour	6,391	....	1	2	....	....	....	....	3	....	....
Towns under 5,000	23,549	1	....	....	12	....	1	....	2	....	3
FAIRFIELD CO.											
Bridgeport	152,524	8	5	1	14	20	2	....	19	2	39
Stamford (city and town)	40,734	....	1	....	6	....	....	....	1	....	2
Norwalk	28,660	3	....	....	....	....	....	....	....	....	....
Danbury (city and town)	24,053	....	....	....	....	2	....	....	....	....	....
Greenwich (town and boro)	18,656	1	1	....	2	....	....	....	15	....	7
Stratford	12,945	2	....	....	1	1	....	....	2	....	1
Fairfield	11,915	....	....	....	....	1	....	....	....	....	....
Shelton	8,573	....	....	....	1	....	....	....	....	....	2
Darien	8,198	....	....	....	....	....	....	....	....	....	....
Westport	5,337	2	....	....	....	....	....	....	....	....	1
Towns under 5,000	26,584	1	....	....	5	1	....	....	1	....	....
HARTFORD CO.											
Hartford	129,353	6	16	5	17	9	1	6	22	2	38
New Britain	58,440	....	5	....	9	9	....	4	12	....	6
Bristol (city and town)	19,771	2	....	5	21	....	....	....	4	1	1
Manchester	16,836	3	....	2	....	....	....	....	....	1	2
Enfield	11,847	....	1	1	....	1	....	....	....	....	....
East Hartford	10,878	1	....	....	4	....	....	....	2	....	1
Southington (town and boro)	9,312	....	....	....	....	1	....	....	1	....	3
West Hartford	7,440	....	....	....	9	....	....	2	2	....	2
Windsor	6,573	....	....	....	1	....	....	....	....	....	....
Glastonbury	6,302	....	....	....	1	1	....	....	....	....	2
Berlin	5,409	....	1	....	....	....	....	1	2	....	....
Towns under 5,000	47,958	1	2	1	3	1	....	1	3	....	....
NEW LONDON CO.											
Norwich (city and town)	29,320	1	1	....	....	1	....	....	1	....	1
New London	25,648	2	1	....	....	3	....	....	7	....	3
Stonington (town and boro)	10,667	....	....	1	11	....	....	....	3	....	....
Groton (town and boro)	7,241	8	....	....	....	....	....	....	....	....	1
Towns under 5,000	29,600	1	....	....	3	2	....	....	7	....	10
LITCHFIELD CO.											
Torrington (town and boro)	21,436	2	....	....	....	1	1	....	....	....	....
Winchester (inc. Winsted)	9,910	....	....	....	....	....	....	....	....	....	....
Plymouth	7,185	....	....	....	....	....	....	....	1	....	1
Watertown	6,136	4	....	....	....	2	....	....	1	....	1
New Milford	5,229	2	....	....	....	2	....	....	....	....	....
Towns under 5,000	31,992	2	3	....	....	1	....	....	5	2	5
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	1	3	....	5	....	....	1	....	....
Putnam (city and town)	8,349	1	5	....	....	....	....	....	....	....	....
Plainfield	8,259	1	....	....	....	....	....	....	1	....	....
Killingly (inc. Danielson)	7,516	....	....	....	1+	....	....	....	1	....	1+
Towns under 5,000	15,543	1	1	....	3	1	....	....	1	....	....
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	2	2	....	1	....	....	2	1	....
Towns under 5,000	26,862	1	....	2	....	....	....	....	3	....	2
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	1	....	....	2	....	....	1	....	....
Stafford (town and boro)	6,242	....	....	....	....	....	....	....	1	....	....
Towns under 5,000	13,317	1	30	....	5	2	....	....	....	....	....

BIRTHS, MARRIAGES AND DEATHS

August 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,410,665	3283	98	1018	1425	12.1	0.8	113.4	355	89	328
Ansonia	17,581	46	3	14	23	15.6	2.0	173.6	9	3	4
Berlin	5,409	14	....	2	1	2.2	.....	.....	....	....	1
Branford	7,172	7	1	3	7	10.0	3.3	222.2	2	....	2
Bridgeport	152,524	417	10	139	151	11.3	1.0	103.2	44	15	17
Bristol	19,771	41	4	10	15	9.1	.....	38.8	2	2	5
Danbury	24,053	55	4	4	30	12.9	0.4	175.3	7	2	10
Darien	8,198	9	....	1	3	2.9	.....	226.4	1	....	1
Derby	10,079	42	2	5	16	10.7	.....	165.3	7	....	....
East Hartford	10,878	11	....	6	9	8.8	1.1	105.7	2	....	1
Enfield	11,847	39	....	19	11	10.1	.....	140.7	4	2	3
Fairfield	11,915	21	1	4	10	9.0	.....	129.9	3	....	1
Glastonbury	6,302	11	....	8	2	3.8	.....	105.2	1	....	....
Greenwich	18,656	61	....	36	22	12.2	0.6	173.5	7	4	3
Groton	7,241	18	2	5	11	16.5	.....	154.8	2	....	4
Hamden	9,301	8	....	3	8	10.3	.....	168.2	3	1	1
Hartford	129,353	375	18	134	163	11.2	0.8	110.2	39	11	31
Killingly	7,516	16	....	6	9	14.3	.....	220.8	3	....	4
Manchester	16,836	36	1	15	12	8.6	.....	142.1	5	2	2
Meriden	31,940	74	....	16	38	12.3	1.1	133.7	11	1	12
Middletown	26,931	65	1	9	28	8.8	1.7	55.2	3	1	4
Milford	10,403	16	....	9	14	12.6	.....	258.0	4	1	4
Naugatuck	13,671	18	....	8	10	8.7	0.8	198.3	6	....	1
New Britain	58,440	185	8	26	39	7.8	0.8	97.0	17	3	4
New Haven	161,817	455	13	157	149	9.7	1.1	65.1	28	11	35
New London	25,648	72	2	29	31	13.1	1.4	102.5	6	1	8
New Milford	5,229	6	....	1	4	9.3	.....	349.5	3	....	1
Norwalk	28,660	35	3	17	30	11.7	0.8	55.7	3	....	9
Norwich	29,320	72	1	29	52	15.9	1.2	196.9	13	2	7
Orange	16,561	32	....	7	13	7.9	.....	119.6	3	2	4
Plainfield	8,259	13	....	2	7	10.1	.....	74.0	1	....	5
Plymouth	7,185	10	....	3	5	8.3	.....	142.0	2	....	....
Putnam	8,349	24	1	11	12	15.8	1.4	116.5	2	1	4
Seymour	6,391	21	3	3	9	13.1	7.5	169.0	3	....	1
Shelton	8.573	21	....	7	15	11.1	.....	165.1	3	....	3
Southington	9,312	11	....	4	1	1.2	.....	.....	....	....	....
Stafford	6,242	15	1	1	3	5.7	.....	113.2	1	....	1
Stamford	40,734	119	2	27	49	12.3	1.4	173.5	14	2	8
Stonington	10,667	27	....	4	12	13.5	1.1	161.4	3	1	3
Stratford	12,945	28	....	6	12	11.1	3.7	194.1	5	....	4
Torrington	21,436	57	1	8	18	8.9	.....	115.9	6	2	1
Vernon	8,825	15	....	7	11	14.9	1.3	268.1	4	....	5
Wallingford	11,856	27	....	8	6	6.4	1.0	88.1	2	....	2
Waterbury	101,660	244	7	69	79	8.4	0.8	100.1	24	6	6
Watertown	6,136	4	....	5	2	3.8	.....	115.3	1	....	....
West Hartford	7,440	16	....	3	11	12.9	.....	452.8	6	1	2
Westport	5,337	5	....	2	11	8.9	2.2	.....	....	....	3
Winchester	9,910	24	1	6	7	6.0	.....	88.2	2	1	2
Windham	14,178	35	1	6	16	12.9	.....	88.4	3	4	5
Windsor	6,573	12	1	5	9	12.7	.....	263.7	2	1	1
Towns under 5,000	215,405	298	6	109	219	12.2	0.9	114.8	33	6	93

FOR THE MONTH OF AUGUST, 1918

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
9	3	2	23	10	3	106	20	109	2	2	69	198	12	110	16	7	418	209
...	...	...	...	...	...	3	...	1	...	...	3	4	...	...	...	...	2	...
...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1
...	...	...	2	1	...	11	1	14	1	...	14	29	2	12	2	1	55	7
...	...	...	2	...	...	...	...	3	...	...	...	2	...	...	...	1	...	...
...	...	...	1	1	...	1	...	3	...	...	3	5	...	...	1	...	5	4
...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
1	...	...	...	...	...	...	...	...	...	...	...	4	2	...	...	...	8	7
...	...	...	1	...	...	1	...	...	...	...	...	1	...	2	...	...	...	1
...	...	...	...	...	...	...	1	1	...	...	1	2	...	...	...	...	...	1
...	...	...	...	2	...	...	...	1	...	...	...	2	...	1	...	...	...	1
...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	1	...	...	2	6	1	3	1	...	7	3
1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	1	...	...	...	2	...	1	...	...	...	...
2	1	...	6	1	...	8	5	17	1	1	4	17	2	9	2	...	108	42
...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...
...	...	...	...	...	1	8	...	3	...	...	2	9	...	...	...	...	11	5
...	...	1	...	...	...	4	...	...	...	...	4	1	...	2	...	...	23	8
...	...	...	...	1	...	...	...	2	...	...	1	3	...	...	...	...	1	3
...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...
...	...	1	1	1	...	2	...	4	...	...	...	10	...	2	1	...	8	1
1	2	...	2	1	...	14	3	9	...	...	5	10	1	12	1	1	61	18
...	...	...	...	...	...	3	2	3	...	...	1	5	...	3	1	...	9	3
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
2	...	...	...	...	...	2	...	3	...	...	1	2	...	2	...	...	8	2
...	...	...	...	...	1	5	1	3	...	...	...	10	1	5	3	...	16	13
...	...	...	...	...	...	1	...	...	...	...	1	2	...	1	...	...	1	2
...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	...	...	1	...	...	2	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1	...	2	1
...	...	...	...	...	...	3	...	...	...	...	...	1	...	...	1	...	...	2
...	...	...	...	...	...	5	...	2	...	...	...	3	...	2	...	...	5	7
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
...	...	...	2	...	1	2	1	2	...	...	2	3	...	...	...	...	15	7
...	...	...	1	...	...	1	...	1	...	...	...	2	...	2	...	...	...	...
...	...	...	...	...	...	3	...	1	...	...	1	2	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	...	...	3	6	1	2	...	...	3	2
...	...	...	...	...	...	1	...	1	...	...	...	4	...	2	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	...	1	...	2	...	...	1	...
1	...	...	1	1	...	4	2	5	...	...	5	11	2	7	1	1	30	7
...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	1	8	2
...	...	...	...	...	...	1	...	...	...	...	2	1	...	2	...	...	4	6
...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	3	2
1	...	...	1	1	...	...	2	1	...	...	3	...	...	1	...	...	4	3
...	...	...	1	...	...	1	...	2	...	...	...	...	...	2	...	...	...	2
...	...	...	...	...	...	17	2	16	...	1	5	27	...	29	1	2	19	44

Why Children Must Be Vaccinated

Before Jenner discovered vaccination, more than a hundred years ago, smallpox was a disease of childhood. Adults were practically immune because most of them had had it in their early years. In the middle of the 18th century one death in every ten was attributed to smallpox. To-day the disease is comparatively rare and of a much milder form.

A few weeks ago there was a threatened outbreak of this ancient scourge on a large tobacco farm near Windsor. Eight cases were discovered among the harvest workers. Origin was traced to a negro who had recently come from the south. A local health officer made prompt report of the discovery to the State Department of Health. The State Health Commissioner and his deputy went immediately to the affected district. Vaccination of all the workers was ordered, and within forty-eight hours more than a thousand persons were inoculated with vaccine. Not another case developed. A grave public danger passed so quickly and quietly as scarcely to attract attention. Our compulsory vaccination law again justified itself.

Following the Franco-Prussian War, 1870, an epidemic of smallpox prevailed extensively among the soldiers and civilians of Germany. In 1874 a law was enacted requiring vaccination during the first year of life and again at the age of twelve. From that time until the present war, only two deaths from smallpox occurred in the German army, and the civilian population became so well protected that cases of smallpox were no longer isolated but were treated in the open wards of hospitals.

Vaccination today is performed with but negligible danger and results only in a trifling soreness of the arm, with or without a mild fever for a period of a few days. Records of the United States Army show that three million people were vaccinated in the Phillipine Islands following the American occupation without a single death resulting therefrom. As to the possibility of tetanus following vaccination, the United States Public Health Service, in 1915, reported that from 1904 to 1913 over 31,000,000 doses of vaccine virus were used in the United States and only 41 cases of tetanus could be traced to vaccination wounds, and in practically every instance the infection resulted from carelessness on the part of the patient.

Unless weak and sickly, all children should be vaccinated during the first year of life and revaccinated at intervals of six or seven years. Such a course will insure complete and permanent immunity from the disease.

Children's vaccination scars are badges of honor and the marks of wise parents and wise laws.

HYGIENIC LABORATORY
WASHINGTON, D. C.
15 8 19

CONNECTICUT
HEALTH BULLETIN
Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

NOVEMBER, 1918

A Day for
REAL Thanksgiving:
NOVEMBER, 11,
1918

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CONNECTICUT
HEALTH BULLETIN
A Journal to Promote Public Health
Entered in the Post Office at Hartford as second class matter

Vol. 32 NOVEMBER, 1918 No. 11

War and Pestilence

We have been made to realize that true to tradition, war and pestilence go hand in hand. Our country is now in the throes of the most destructive epidemic ever known. The mysterious and practically uncontrollable disease commonly known as Spanish Influenza has prostrated the nation. In our own state thousands have already died from the disease.

The State Department of Health, with its force augmented by a hundred and sixty doctors and nurses, is devoting its entire time to doing all in its power to alleviate the terrible conditions which exist throughout the state.

Thousands of posters of warning and advice have been distributed in an effort to stem the tide—the fight is still on.

A Rift in the Clouds

A message has just arrived with the glad news that the Hun has quit—an armistice has been signed. This ray of sunshine through the clouds of war which have darkened the earth for many weary months is greeted with unbounded enthusiasm. We are truly thankful!

Statistics

SEPTEMBER — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2748 27.5	2758 27.0	2863 27.7	3137 29.7	3023 25.7
MARRIAGES, *Marriage Rate,*	1086 10.8	1170 11.4	1405 13.6	1156 10.9	1097 9.3
DEATHS, *Death Rate,*	1526 15.2	1482 14.5	1507 14.5	1580 14.9	1821 15.4
COMMUNICABLE DISEASES, DEATHS, *Per Cent to Total Deaths,*	164 10.7	152 10.2	222 14.7	196 12.4	175 9.6
DEATHS UNDER 1 YEAR, *Rate per* 1,000 *Births,*	242 96.4	365 137.2	326 119.5	363 126.2	355 113.4

* 1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

Influenza morbidity statistics in full in January Issue.

Laboratory Statistics — September, 1918

Diagnostic Division

Typhoid		220
Diphtheria (Diagnosis)	444	
Diphtheria (Release)	422	
		866
Tuberculosis		113
Syphilis		346
Gonorrhoea		40
Glanders		4
Malaria		6
Rabies		4
Paratyphoid A		160
Paratyphoid B		160
Special		9
		1928

Chemical Division

Water	45
Sewage	6
Milk	177
	228

Special Division

Bacterial Analysis	93
Sanitary Chemical	96
Trade Wastes	16
Total	205

Total all Laboratories	2361

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,410,665	147	86	68	76	204	5	21	174	128	*316
NEW HAVEN CO.											
New Haven	161,817	22	11	7	12	14	....	1	31	7	43
Waterbury	101,660	10	13	2	4	19	1	....	11	1	57
Meriden (city and town)	31,940	5	....	9	....	6	....	....	2	5	4
Ansonia	17,581	2	....	1	....	....	....	....	....	....	....
Orange (inc. West Haven)	16,561	1	7	....	6	2	1	....	6	....	3
Naugatuck	13,671	....	....	1	....	1	1	....	....	....	2
Wallingford (town and boro)	11,856	14	....	....	....	2	....	....	....	....	3
Milford	10,403	1	....	....	....	....	....	....	....	....	1
Derby	10,079	1	....	....	....	2	....	....	....	++	....
Hamden	9,301	....	....	....	....	2	....	....	1	....	....
Branford (town and boro)	7,172	....	....	....	....	1	....	1	....	2	1
Seymour	6,391	1	1	3	....	1	....	....	3	....	....
Towns under 5,000	23,549	6	....	....	15	5	....	1	1	1	3
FAIRFIELD CO.											
Bridgeport	152,524	6	12	12	3	29	....	....	26	1	*62
Stamford (city and town)	40,734	4	....	1	2	2	....	....	....	12	4
Norwalk	28,660	6	....	2	....	4	....	....	3	1	....
Danbury (city and town)	24,053	....	....	....	....	1	....	....	2	....	....
Greenwich (town and boro)	18,656	1	....	3	3	....	....	....	1	2	3
Stratford	12,945	1	....	....	....	5	....	....	....	2	....
Fairfield	11,915	....	....	....	....	....	....	....	....	....	....
Shelton	8,573	....	....	....	....	1	....	....	....	14	....
Darien	8,198	....	....	....	....	....	....	....	....	....	....
Westport	5,337	....	....	....	....	....	....	....	....	....	1
Towns under 5,000	26,584	6	....	1	5	2	....	....	3	1	4
HARTFORD CO.											
Hartford	129,353	15	21	3	12	22	....	12	28	8	69
New Britain	58,440	2	7	3	2	15	1	2	14	10	5
Bristol (city and town)	19,771	2	....	2	9	....	....	....	7	1	3
Manchester	16,836	4	2	1	....	....	....	....	....	6	2
Enfield	11,847	....	....	1	....	1	....	....	....	....	....
East Hartford	10,878	1	1	1	2	4	1	1	3	3	2
Southington (town and boro)	9,312	1	....	....	....	....	....	....	1	....	....
West Hartford	7,440	1	....	1	....	....	....	....	....	1	....
Windsor	6,573	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,302	....	....	....	....	4	....	....	2	....	....
Berlin	5,409	....	1	....	....	....	....	....	1	....	....
Towns under 5,000	47,958	13	2	1	....	1	....	....	3	2	4
NEW LONDON CO.											
Norwich (city and town)	29,320	2	....	....	....	3	....	....	2	9	5
New London	25,648	1	....	1	....	4	....	....	3	18	5
Stonington (town and boro)	10,667	1	....	....	....	3	....	....	2	....	1
Groton (town and boro)	7,241	6	....	....	....	2	....	....	2	....	1
Towns under 5,000	29,600	1	....	....	....	3	....	1	5	9	4
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	....	....	....	....	....	....	....	....
Winchester (inc. Winsted)	9,910	....	....	....	....	....	....	....	....	....	....
Plymouth	7,185	....	2	....	....	....	....	1	....	1	1
Watertown	6,136	4	....	....	....	....	....	....	1	....	....
New Milford	5,229	1	....	....	....	....	....	....	....	....	....
Towns under 5,000	31,992	2	2	5	....	6	....	....	3	6	1
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	1	....	....	....	11	....	....	....	....	....
Putnam (city and town)	8,349	....	....	1	....	....	....	....	....	2	....
Plainfield	8,259	....	....	....	....	5	....	....	1	....	....
Killingly (inc. Danielson)	7,516	....	....	1	....	....	....	....	....	1	20
Towns under 5,000	15,543	....	....	1	....	....	....	....	1	....	+
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	....	....	....	1	....	....	....	....	1
Towns under 5,000	26,862	1	4	2	1	17	....	....	1	1	1
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	....	....	....	3	....	....	1	....	....
Stafford (town and boro)	6,242	1	....	....	....	....	....	1	2	....	....
Towns under 5,000	13,317	....	....	2	....	....	....	....	1	1+	....

BIRTHS, MARRIAGES AND DEATHS

September 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,410,665	3023	91	1097	1821	15.4	1.0	113.4	355	117	372
Ansonia	17,581	46	1	18	23	15.6	0.6	96.4	5	1	1
Berlin	5,409	5	2	1	6	13.3	....	623.3	4	....	....
Branford	7,172	9	....	3	4	5.0	....	111.1	1	....	3
Bridgeport	152,524	444	20	144	140	10.1	0.8	75.1	32	14	19
Bristol	19,771	48	1	9	14	8.4	1.2	.....	....	2	2
Danbury	24,053	33	....	8	35	14.4	0.4	75.1	3	3	11
Darien	8,198	2	....	....	2	2.9	....	.....	....	....	2
Derby	10,079	48	1	14	24	19.0	1.1	70.8	3	2	3
East Hartford	10,878	17	3	6	9	9.9	1.1	52.8	1	....	3
Enfield	11,847	22	....	20	12	12.1	1.0	105.5	3	1	2
Fairfield	11,915	19	....	4	8	7.0	....	86.6	2	....	1
Glastonbury	6,302	6	....	1	2	3.8	....	.....	....	....	1
Greenwich	18,656	33	4	29	20	10.9	0.6	49.5	2	2	3
Groton	7,241	16	1	12	17	24.8	1.6	77.4	1	1	4
Hamden	9,301	14	....	5	5	5.1	1.2	56.0	1	....	....
Hartford	129,353	326	16	121	238	16.2	1.2	192.1	68	15	30
Killingly	7,516	19	....	5	10	15.9	....	73.6	1	2	2
Manchester	16,836	23	....	13	8	5.7	1.4	113.7	4	1	1
Meriden	31,940	79	2	21	46	13.5	2.2	121.5	10	2	5
Middletown	26,931	51	....	12	52	14.7	3.1	129.0	7	1	18
Milford	10,403	10	....	7	7	6.9	....	64.5	1	....	3
Naugatuck	13,671	26	....	11	16	14.0	....	99.1	3	2	2
New Britain	58,440	164	....	39	53	10.6	1.4	131.3	23	4	2
New Haven	161,817	376	10	171	180	11.3	1.0	67.4	29	13	46
New London	25,648	72	1	36	95	42.5	1.4	68.3	4	3	7
New Milford	5,229	5	....	2	4	9.1	....	.....	....	....	3
Norwalk	28,660	46	4	17	24	9.6	....	111.4	6	1	5
Norwich	29,320	56	4	21	99	32.7	0.8	166.6	11	4	11
Orange	16,561	23	1	19	21	10.8	....	119.6	3	3	5
Plainfield	8,259	10	....	4	7	10.1	....	.....	....	2	....
Plymouth	7,185	13	....	3	6	10.0	....	284.0	4	....	....
Putnam	8,349	25	....	10	14	14.3	1.4	233.0	4	1	1
Seymour	6,391	14	....	7	7	11.2	....	112.6	2	....	4
Shelton	8.573	26	....	10	21	22.3	1.3	55.0	1	....	2
Southington	9,312	14	2	3	8	10.3	1.2	102.5	2	1	2
Stafford	6,242	9	....	4	7	11.5	1.9	.....	....	....	4
Stamford	40,734	90	1	38	42	10.3	0.8	148.7	12	5	8
Stonington	10,667	21	....	9	26	29.2	....	269.0	5	2	6
Stratford	12,945	25	....	7	13	12.0	....	77.6	2	3	4
Torrington	21,436	49	1	9	20	10.6	0.5	135.2	7	....	5
Vernon	8,825	15	....	5	12	16.3	....	268.1	4	1	3
Wallingford	11,856	18	....	8	19	19.2	1.0	44.4	1	3	5
Waterbury	101,660	278	11	69	99	10.8	1.4	150.2	36	6	9
Watertown	6,136	7	....	7	4	7.8	....	230.7	2	1	....
West Hartford	7,440	15	....	5	12	19.3	....	150.9	2	2	6
Westport	5,337	5	1	4	9	13.4	....	210.5	2	....	4
Winchester	9,910	21	....	6	8	6.0	....	88.8	2	....	1
Windham	14,178	41	....	11	33	25.3	1.6	58.9	2	1	5
Windsor	6,573	6	....	2	8	12.7	....	263.7	2	1	4
Towns under 5,000	215,405	283	4	107	272	11.9	0.9	121.8	35	11	104

FOR THE MONTH OF SEPTEMBER, 1918

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
17	**4**	...	**16**	**18**	**300**	**119**	**20**	**107**	**1**	**2**	**148**	**170**	**9**	**88**	**11**	**5**	**616**	**278**
...	...	...	...	...	12	1	...	...	1	...	3	2	...	2	...	...	...	...
...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...
...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
3	...	...	1	2	6	12	...	10	...	...	9	19	1	7	...	2	65	12
...	...	...	1	...	2	2	1	2	...	...	1	...	...	...	1	...	...	...
...	1	...	...	...	1	1	...	5	...	...	1	4	...	2	...	...	10	6
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
1	...	...	...	...	7	...	1	1	...	...	1	2	...	2	...	...	10	8
...	...	...	...	1	1	1	...	...	...	...	1	...	...	1	...	1	...	...
...	...	...	1	...	...	1	...	1	...	...	...	1	...	2	...	...	1	...
...	...	...	...	...	...	...	1	...	...	...	1	2	...	1	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	1	1	...	1	...	...	1	1	...	5	...	1	6	3
1	...	...	...	...	5	1	...	1	...	...	3	1	...	2	...	...	1	2
...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	1
5	...	...	4	1	48	7	3	16	...	1	21	31	2	8	2	1	144	63
...	...	...	...	...	5	...	1	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	...	...	...	...	3	...	...	...	...	...	...
...	...	...	...	...	7	13	1	5	...	...	...	3	...	1	1	...	16	10
...	...	...	...	...	...	3	1	5	...	...	8	3	...	2	...	...	32	19
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1
...	...	...	1	...	4	...	1	...	...	...	1	2	...	2	...	...	...	...
...	...	...	2	1	3	6	...	3	...	...	10	5	1	2	...	...	9	1
1	3	...	1	2	17	10	3	5	...	...	7	10	...	15	1	...	88	27
...	...	...	...	2	55	1	...	5	...	...	9	1	...	4	...	...	41	4
...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
2	...	...	...	...	3	...	...	2	...	...	...	4	...	2	1	...	8	1
1	...	...	...	...	43	8	1	5	...	...	14	5	1	2	...	...	39	19
...	...	...	1	...	...	4	...	2	...	...	1	2	...	1	...	...	4	6
...	...	...	...	1	2	...	...	...	...	...	1	...	...	...	...	...	...	...
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...	...	...	...	...	3	1	...	...	...	...	1	1	1	1	...	...	6	4
...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	1
...	...	...	...	...	9	5	...	...	...	...	1	...	...	...	1	...	4	5
...	...	...	...	...	1	1	...	1	...	...	...	2	...	...	...	...	...	...
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...	...	...	1	...	4	2	...	2	...	...	5	5	...	2	...	...	15	7
...	...	...	...	...	6	...	1	1	...	...	...	3	...	...	...	...	...	...
...	...	...	...	2	2	...	...	...	...	...	...	1	...	1	1	...	...	...
1	...	...	...	...	2	...	1	...	...	...	...	6	...	...	...	...	6	1
...	...	...	...	...	...	...	...	3	...	...	...	1	...	...	...	...	...	...
1	...	...	...	1	8	...	...	1	...	...	2	1	...	...	...	...	1	...
1	...	...	1	3	2	6	...	5	...	...	11	12	1	6	1	...	38	7
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	2	...	...	1	4	...	1	...	...	6	...
...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	3	3
...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	2	3
...	...	...	...	...	13	1	1	1	...	...	7	...	...	1	1	...	8	3
...	...	...	1	...	...	...	...	2	...	...	1	...	...	1	...	...	...	1
...	...	...	...	2	27	28	2	14	...	...	22	25	2	8	1	...	50	57

To Prevent Influenza

1. Don't inhale any person's breath.
2. Avoid persons who cough and sneeze.
3. Don't visit close, poorly ventilated places.
4. Keep warm and dry.
5. If you get wet, change your clothes at once.
6. Don't use drinking cups or towels that other people have used.
7. For the protection of others, cover your mouth when you cough or sneeze.
8. Clean your teeth and mouth frequently.
9. Don't spit on the floor.

WASHINGTON, D. C
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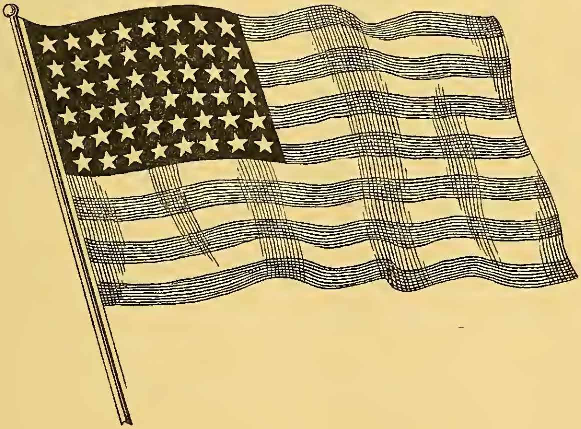
CONNECTICUT
HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

DECEMBER, 1918



"In Triumph Shall Wave!"

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CONNECTICUT
HEALTH BULLETIN
A Journal to Promote Public Health
Entered in the Post Office at Hartford as second class matter

Vol. 32 DECEMBER, 1918 No. 12

Venereal Disease Control

Not until the government found that venereal disease control was absolutely necessary to maintain an effective army did the public realize that these diseases were menacing the life and prosperity of the nation.

Public conviction insures action, and every state in the Union is now waging war against these diseases, and against those who by reason of their conduct are prolific distributors of these infections.

In this state the Department of Health, with the aid of federal funds, is engaged in a campaign of publicity, and is establishing free clinics in the larger centers. Police authorities in a number of the communities are engaged in the right enforcement of laws against prostitution.

These are the beginnings of a gigantic task. There are today, 150,000 people in Connecticut suffering as a result of venereal disease — 50,000 of these are in need of treatment and 15,000 are in such condition that they can transmit the disease to others.

No one believes that prostitution and venereal disease can be eliminated, but unquestionably they can be sufficiently controlled to remove them as an overshadowing menace.

Every health officer and every police officer in the state, with the overwhelming public opinion which now sustains this endeavor, should enter the fray.

Read the opinion of a Justice of the United States court on the last page.

Statistics

OCTOBER — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS,	2608	2831	2881	3017	3367
Birth Rate,	26.1	27.7	27.9	28.6	28.6
MARRIAGES,	1295	1440	1571	1278	816
Marriage Rate,	12.9	14.1	15.2	12.1	6.9
DEATHS,	1323	1408	1409	1500	7518
Death Rate,	13.3	13.8	13.7	14.2	63.9
COMMUNICABLE DISEASES, DEATHS,	151	172	186	177	277
Per Cent to Total Deaths,	11.4	12.2	13.1	11.7	3.7*
DEATHS UNDER 1 YEAR,	235	295	265	277	592
Rate per 1,000 Births,	90.6	111.4	92.2	90.8	191.7

* 1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

* Influenza not Included.

Laboratory Statistics — October, 1918

Diagnostic Division

Typhoid	60
Diphtheria (diagnosis)	739
Diphtheria (release)	494
Tuberculosis	81
Syphilis	264
Gonorrhoea	25
Glanders	1
Malaria	2
Rabies	4
Paratyphoid A	60
Paratyphoid B	60
Feces for Typhoid	33
Virulence test (diphtheria)	7
Special	1
Total	1831

Chemical Division

Water	38
Milk	129
Sewage	4
	171

Special Division

Bacterial Analysis	105
Sanitary Chemical	95
Trade Wastes	26
	226
Total all Laboratories	2228

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	**1,410,665**	**30**	**204**	**118**	**72**	**248**	**9**	**7**	**114**	**1464**	***168**
NEW HAVEN CO.											
New Haven	161,817	9	16	4	7	50	....	2	23	....	24
Waterbury	101,660	6	2	10	2	24	....	....	12	588	15
Meriden (city and town)	31,940	....	....	4	....	9	1	....	2	2	....
Ansonia	17,581	....	....	....	....	....	....	....	....	....	....
Orange (inc. West Haven)	16,561	....	....	2	....	....	....	....	3	3	1
Naugatuck	13,671	....	....	....	....	....	....	....	....	....	....
Wallingford (town and boro)	11,856	....	....	....	....	....	....	....	....	40	....
Milford	10,403	....	....	....	....	....	....	....	3	....	1
Derby	10,079	....	....	....	....	3	....	....	....	....	2
Hamden	9,301	....	....	....	....	....	....	....	....	....	1
Branford (town and boro)	7,172	....	....	....	....	....	1	....	1	90	1
Seymour	6,391	1	....	1	....	1	....	....	....	1	....
Towns under 5,000	23,549	1	1	....	3	....	2	1	2	27	4
FAIRFIELD CO.											
Bridgeport	152,524	....	15	12	....	48	....	....	11	18	33
Stamford (city and town)	40,734	....	1	3	....	2	1	....	3	1	1
Norwalk	28,660	1	....	....	....	....	....	....	1	1	....
Danbury (city and town)	24,053	....	....	....	....	1	....	....	....	....	....
Greenwich (town and boro)	18,656	....	3	7	....	....	....	....	2	110	6
Stratford	12,945	....	1	2	....	4	....	....	1	1	2
Fairfield	11,915	....	....	....	....	1	....	....	....	....	....
Shelton	8,573	....	1	....	1	....	....	....	....	....	....
Darien	8,198	....	....	....	....	1	....	....	....	....	....
Westport	5,337	1	....	....	....	....	....	....	....	24	2
Towns under 5,000	26,584	....	1	1	....	4	....	....	....	7	4
HARTFORD CO.											
Hartford	129,353	3	68	21	2	15	....	1	15	4	27
New Britain	58,440	....	13	6	1	10	2	....	2	4	4
Bristol (city and town)	19,771	1	....	2	....	6	....	....	....	25	2
Manchester	16,836	....	34	3	1	13	....	3	1	49	3
Enfield	11,847	....	....	18	2	1	....	....	....	41	....
East Hartford	10,878	....	....	1	....	....	....	....	2	9	....
Southington (town and boro)	9,312	....	....	....	1	3	....	....	....	....	3
West Hartford	7,440	1	....	1	28	....	....	....	....	6	1
Windsor	6,573	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,302	....	....	....	....	2	....	....	....	....	1
Berlin	5,409	....	....	1	....	....	....	....	....	....	....
Towns under 5,000	47,958	....	....	1	....	....	....	....	1	43	5
NEW LONDON CO.											
Norwich (city and town)	29,320	....	....	3	....	4	....	....	1	32	2
New London	25,648	1	....	....	....	10	1	....	1	80	1
Stonington (town and boro)	10,667	....	....	3	....	3	....	....	....	....	....
Groton (town and boro)	7,241	....	....	7	....	5	....	....	....	38	2
Towns under 5,000	29,600	1	....	....	....	4	1	....	16	67	1
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	....	....	....	....	....	....	....	....
Winchester (inc. Winsted)	9,910	....	....	....	....	....	....	....	....	....	....
Plymouth	7,185	1	1	....	....	....	....	....	1	1	3
Watertown	6,136	....	....	....	....	2	....	....	....	14	....
New Milford	5,229	....	....	....	....	....	....	....	....	10	....
Towns under 5,000	31,992	2	2	....	11	8	....	....	....	49	13
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	....	....	....	3	....	....	1	....	...
Putnam (city and town)	8,349	....	....	....	3	....	....	....	....	....	....
Plainfield	8,259	....	....	....	....	4	....	....	....	2	....
Killingly (inc. Danielson)	7,516	....	1	....	....	....	....	....	....	....	1
Towns under 5,000	15,543	1	....	....	....	1	....	....	2	11	1
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	44	....	....	....	....	....	7	13 +	..
Towns under 5,000	26,862	....	....	4	10	6	....	....	....	29	1
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	....	....	....	....	....	....	....	....	...
Stafford (town and boro)	6,242	....	....	....	....	....	....	....	....	4	....
Towns under 5,000	13,317	....	....	1	....	....	....	....	....	20	....

* Excluding Influenza

BIRTHS, MARRIAGES AND DEATHS

October 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	**1,410,665**	**3367**	**210**	**816**	**7518**	**63.1**	**1.6**	**191.7**	**592**	**659**	**537**
Ansonia	17,581	46	....	17	111	75.7	2.7	250.8	13	18	2
Berlin	5,409	12	....	1	18	39.7	.....	311.7	2	1	....
Branford	7,172	10	1	1	23	38.4	3.3	333.3	3	2	2
Bridgeport	152,524	459	34	115	666	52.3	1.6	138.4	59	68	30
Bristol	19,771	48	1	8	121	73.4	3.6	252.8	13	11	7
Danbury	24,053	32	2	11	135	67.3	1.9	175.3	7	7	17
Darien	8,198	6	....	2	16	23.4	.....	.....	....	....	5
Derby	10,079	39	2	7	133	158.3	.....	240.3	11	15	1
East Hartford	10,878	17	2	6	31	34.1	5.5	158.6	3	2	1
Enfield	11,847	33	2	8	65	65.8	1.0	316.7	9	7	9
Fairfield	11,915	11	....	4	31	30.3	.....	130.0	3	1	4
Glastonbury	6,302	9	1	3	13	24.1	1.9	.....	....	....	5
Greenwich	18,656	46	2	20	105	67.5	1.2	173.6	7	10	8
Groton	7,241	15	....	10	34	56.3	1.7	154.8	2	1	4
Hamden	9,301	26	....	7	38	49.0	.....	392.5	7	2	3
Hartford	129,353	402	29	109	785	72.7	1.7	188.0	64	61	52
Killingly	7,516	19	....	4	36	57.4	3.1	441.9	6	3	5
Manchester	16,836	29	....	4	65	46.3	1.4	142.2	5	3	8
Meriden	31,940	76	7	22	272	102.1	2.2	192.5	16	19	15
Middletown	26,931	55	5	7	193	85.9	1.3	165.9	9	19	18
Milford	10,403	19	....	5	20	23.0	2.3	.....	....	....	4
Naugatuck	13,671	28	11	6	122	107.0	0.9	336.1	11	17	2
New Britain	58,440	191	18	26	426	87.4	1.0	251.1	44	47	12
New Haven	161,817	464	34	114	793	58.8	2.0	109.3	47	101	65
New London	25,648	71	3	32	160	74.8	0.9	136.7	8	4	9
New Milford	5,229	6	....	3	19	43.6	.....	.....	....	....	5
Norwalk	28,660	51	3	15	149	62.3	1.2	93.5	5	14	15
Norwich	29,320	76	6	16	186	76.1	0.8	154.0	11	16	8
Orange	16,561	28	3	11	75	42.2	4.3	200.0	5	1	9
Plainfield	8,259	11	....	7	27	39.2	1.5	370.4	5	3	3
Plymouth	7,185	5	1	5	40	66.8	5.0	71.0	1	3	1
Putnam	8,349	21	2	8	54	77.6	5.7	350.0	6	3	3
Seymour	6,391	17	2	3	70	13.1	.....	511.2	9	6	1
Shelton	8,573	22	1	4	35	48.9	2.7	55.1	1	3	2
Southington	9,312	27	3	3	45	57.9	2.5	307.7	6	6	4
Stafford	6,242	13	2	2	11	21.1	.....	.....	....	....	2
Stamford	40,734	69	5	20	199	58.6	0.5	210.7	17	20	17
Stonington	10,667	16	3	7	37	41.6	.....	269.1	5	4	2
Stratford	12,945	22	....	6	32	29.6	1.9	233.0	6	2	5
Torrington	21,436	60	6	16	68	38.0	1.1	96.8	5	3	4
Vernon	8,825	16	....	1	67	91.1	1.3	469.4	7	6	4
Wallingford	11,856	16	....	2	47	47.5	1.1	222.2	5	4	3
Waterbury	101,660	278	....	39	841	99.2	0.9	233.1	55	81	18
Watertown	6,136	11	1	3	31	60.6	.....	461.5	4	3	2
West Hartford	7,440	15	....	....	51	82.2	.....	528.3	7	1	6
Westport	5,337	4	1	2	24	53.9	2.2	105.2	1	....	2
Winchester	9,910	18	4	5	73	82.3	3.6	400.0	9	5	9
Windham	14,178	49	1	2	141	119.3	.....	300.0	11	14	11
Windsor	6,573	10	2	2	27	49.2	3.6	131.7	1	1	4
Towns under 5,000	215,405	343	10	85	757	42.1	1.6	212.4	61	41	109

FOR THE MONTH OF OCTOBER, 1918

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
17	**6**	**3**	**28**	**29**	**5151**	**192**	**25**	**111**	**1**	**1**	**665**	**75**	**11**	**99**	**20**	**9**	**2043**	**590**
...	...	...	...	...	83	3	...	1	...	...	11	1	...	1	...	...	...	...
...	...	...	...	...	12	...	...	1	...	...	2	...	...	1	...	...	...	1
...	...	...	2	...	17	2	...	...	...	...	...	...	...	1	...	...	...	1
2	2	...	1	6	413	19	5	7	...	...	87	7	...	16	5	1	217	18
...	...	...	1	3	87	3	...	...	...	...	8	...	...	...	...	1	...	...
...	...	...	...	1	73	3	1	4	...	...	15	2	1	5	1	...	38	10
...	...	...	...	...	6	...	...	...	...	...	2	...	...	1	...	...	6	9
...	...	...	...	2	108	...	...	1	...	...	6	...	...	4	...	1	34	22
...	...	...	...	...	19	5	...	...	...	...	5	1	...	...	...	...	...	1
...	...	2	...	...	39	1	2	1	...	...	2	1	1	3	...	...	...	2
...	...	...	...	...	18	...	...	...	...	...	6	1	...	...	...	...	4	1
...	...	...	...	1	5	1	...	1	...	...	...	...	...	1	...	...	...	1
...	...	...	...	...	71	2	...	6	...	...	14	3	...	...	...	...	45	2
...	...	...	...	...	18	...	...	1	...	...	6	...	...	2	...	...	...	1
...	...	...	...	...	23	...	...	...	...	...	4	2	1	...	1	...	...	...
4	1	...	...	2	582	17	2	16	...	...	22	7	...	16	2	1	397	134
...	...	...	2	...	21	2	...	1	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	47	2	...	4	...	1	2	...	...	...	...	...	...	...
...	...	...	...	...	221	8	1	3	...	...	9	1	1	4	1	...	74	15
...	2	...	...	1	130	7	1	2	...	...	16	2	1	1	...	...	16	47
...	...	...	...	...	14	1	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	1	...	104	1	...	1	...	...	5	...	...	2	...	...	9	2
1	...	...	3	...	346	4	...	1	...	...	30	10	...	...	1	...	107	9
3	...	1	1	5	524	25	1	15	1	...	73	7	2	8	4	...	291	55
1	...	...	...	1	119	1	...	2	...	...	13	2	...	5	...	1	65	19
...	...	...	...	...	12	...	1	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	103	3	1	4	...	...	13	...	...	1	...	...	29	6
...	...	...	...	...	137	7	...	...	...	...	11	2	...	3	...	...	73	25
1	...	...	...	...	41	8	...	2	...	...	3	1	...	1	1	...	21	19
...	...	...	1	1	15	1	...	1	...	...	3	1	...	...	...	...	...	...
...	...	...	...	...	26	4	...	...	...	...	9	...	...	...	...	...	...	3
...	...	...	1	...	28	4	...	1	...	...	...	2	1	...	...	...	20	12
...	...	...	...	...	63	...	...	...	...	...	3	...	...	1	...	...	8	2
...	...	...	...	...	26	5	...	...	...	...	...	...	...	...	...	...	3	5
...	...	...	...	1	27	2	...	2	...	...	1	...	...	...	...	...	...	1
...	...	...	...	...	5	...	...	2	...	...	1	...	...	...	...	...	3	...
1	...	...	...	...	114	2	1	2	...	...	40	1	1	3	...	...	72	17
...	...	...	...	...	24	...	1	...	...	...	4	1	...	...	...	...	...	...
...	...	...	1	...	13	...	...	...	...	...	4	2	...	...	1	...	3	3
...	...	...	...	...	44	2	...	1	...	...	10	...	...	...	...	...	21	...
...	...	...	...	...	50	1	1	...	...	...	8	...	...	...	...	...	19	2
...	...	...	...	...	24	2	...	...	...	...	9	...	...	...	...	2	8	...
...	...	...	6	3	658	7	2	4	...	...	82	2	...	9	1	1	273	10
...	...	...	...	1	23	...	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	1	...	31	...	...	...	...	...	5	4	...	...	...	...	26	15
...	...	...	...	...	15	1	...	1	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	35	3	...	4	...	...	16	...	1	1	...	...	32	5
...	...	...	...	...	106	...	1	...	...	...	18	3	...	2	...	...	22	8
...	...	...	...	...	14	2	...	...	...	...	5	1	...	...	...	...	...	...
4	1	...	7	1	417	31	4	18	...	...	76	8	1	7	2	1	107	107

Public Sentiment Considered In Determining Reasonableness Of Regulations

"We are not unmindful of the rule that police regulations to be valid must be reasonable, necessary and not unduly oppressive. The lawmaking power, in their enactment, takes into consideration the public sentiment of the community as a measure of the degree of regulation to which private property shall be subjected for the public good, and nowhere do the courts so completely reflect the state of public opinion as in deciding cases involving the exercise of the police power. Measures looking to the public welfare are no longer tested by the strict letter of the Constitution. Doubtless many modern expressions of the legislative will, in the exercise of its police power, would have been held unconstitutional if enacted at an earlier period. But public opinion, keeping pace with an advancing civilization, is the progressive factor which calls for an enlarged invasion of private rights for the public good, and which prompts courts to give greater elasticity to constitutional limitations.

"In flexibility of construction lies the possibility of progress and the vitality of the Constitution."

United States Court of Appeals. (Dade v. U. S.) February 25, 1913

WASHINGTON, D. C.
25 Je '19

CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

JANUARY, 1919

In This Issue:

BIENNIAL REPORT
OF THE
PUBLIC HEALTH COUNCIL
1917 — 1918

STATE DEPARTMENT OF HEALTH

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CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 33 JANUARY, 1919 No. 1

Report of Public Health Council

His Excellency, Governor Marcus H. Holcomb,
State Capitol, Hartford, Connecticut.
Sir:

The Public Health Council has the honor to submit herewith its report, and to transmit the reports of the State Department of Health for the two years ending September 30, 1918, which together constitute the thirty-fifth health report of the State of Connecticut.

The State Board of Health, which had been in existence since 1878, was abolished by act of the Legislature in 1917 and in its place was created a State Department of Health to be directed by a Commissioner of Health and a Public Health Council.

In accordance with this act, Your Excellency made the following appointments to date from July 1, 1917:

Commissioner of Health

John T. Black,	six years

Public Health Council

Edward K. Root,	six years
Lewis Sperry,	six years
C. E. A. Winslow,	four years
Walter H. Brown,	four years
James A. Newlands,	two years
J. Frederick Jackson,	two years

Mr. Jackson having resigned to accept a directorship of the Bureau of Engineering in September, 1917, Robert A. Cairns, of Waterbury, was appointed to fill the vacancy.

On July 6, 1917, the Council convened for the purpose of organization, selecting for its secretary, Dr. Edward K. Root. It was not, however, until October, when the appropriation became available, that complete re-organization under the new law could be perfected.

In addition to the regular quarterly meetings as required by law, nine special meetings have been held and ten hearings given.

While considerable detail of health administration, formerly imposed upon the State Board of Health, is now borne by the Commissioner and his staff, the Public Health Council found it necessary to meet frequently, particularly because of unusual conditions arising from the war.

The members of the Council have acted as members of the Boards of Managers of the various County Homes and of the Industrial Wastes Commission, materially increasing their duties.

Perhaps the most notable action of the Department was to establish the first chapter of a sanitary code. This chapter, regulating the control of communicable diseases, was adopted by the Council on February 27, 1918, to become effective March 1 of the same year.

The keen interest in health conservation inspired by the study of war conditions has brought about a popular demand for intensive endeavors toward the saving of child life, the control of social diseases and the protection of the military forces and industrial workers within the state.

Fortunately, the Department as organized under the new law was in a position to meet many of these problems administratively, although some delay was occasioned through lack of finances. Eventually the Board of Control with federal assistance permitted proper consideration to most of these problems.

The upbuilding of an organization during war-time is a most difficult task. The increased cost of commodities, the added duties imposed upon the office, and the changing personnel were great handicaps, particularly when it was necessary to meet these conditions with appropriations based on pre-war estimates.

Certain routine duties have necessarily been neglected and some contemplated improvements in health service have not been undertaken.

Regardless of these conditions, many changes have been made looking to the betterment of the service. The Department is now receiving daily reports from health officers, and the information thus secured is being used to great advantage. Service is rendered in diagnosing communicable diseases and in assisting in the control of epidemics. The Bureau of Vital Statistics, which had fallen back three years in its tabulations, is being brought up to date by the installation of a modern punch card system, and the Bureau is now under the direction of an expert statistician. The Bureau of Laboratories now has general supervision over all laboratories in the state, and the work of our own laboratory has been broadened. For the first time in the history of the health work of the state, regularly employed engineers are available for consultation and investigation in matters pertaining to water supplies and sewerage. The foundation has been laid for extensive work in Child Hygiene, Venereal Disease Control and Public Health Nursing. Several clinics have been established in different parts of the state which are subsidized or otherwise assisted by the State Department of Health.

Enough progress has been made to convince us, and we believe, to convince many thoughtful citizens throughout the state that the State Department of Health as now constituted is in a position to be of genuine service in conserving life and health.

At the close of the period included in this report, an epidemic of influenza was breaking out in many parts of the state. At the time of the writing of this report, we have just passed the climax of this epidemic, the worst of any kind that has ever invaded the state. Approximately 300,000 cases, with over 6,000 deaths have occurred. The distress occasioned required most unusual service from the Department of Health. Nurses and doctors were secured from various parts of the country and supplied to communities which were suffering. Emergency hospitals were equipped and supervised and every effort made to relieve the distress which was almost universal. The aid supplied various towns during the emergency by or through the department amounted to approximately $30,000.

The report of the Commissioner of Health transmitted herewith will give in detail many matters of interest, particularly showing the marked decrease in the general death rate, as well as a decrease in the infant and typhoid rates.

Appended hereto are such recommendations submitted for your consideration as are deemed necessary for the continuance and improvement of state health service, with the Financial Statement for the fiscal period ending September 30, 1918.

Respectfully submitted,
(Signed) JOHN T. BLACK,
Chairman.
(Signed) E. K. ROOT,
Secretary.

Recommendations

Pursuant to Section 2363 of the General Statutes, we have the honor to submit for your consideration the following recommendations for legislative action:

Child Welfare. The recognized success of Child Welfare work in reducing infant mortality and elevating the health standard of the incoming generation renders it imperative that this work be carried on intensively and systematically. A Bureau of Child Hygiene with sufficient sustaining funds should be provided for the Department of Health. It is estimated that the sum of $28,000 will be necessary for this purpose.

Venereal Disease Control. Efforts toward the control of venereal diseases have been stimulated by the revelations of the military draft. Federal aid now at the disposal of the Department will be discontinued after July 1, 1919. The sum of $12,000 per annum available July 1, has been allotted to Connecticut for this work by the United States Government, provided an equal sum is appropriated by the State. The appropriation of such sum is recommended.

Hospitalization of Venereal Diseases. The State Farm for Women and the State Farm for Inebriates should be authorized to receive, hold and treat, without formal committment by the courts, any person suffering with venereal disease who is a menace to public health and who has been so adjudged by the State Commissioner of Health, provided such institutions are equipped with facilities for caring for such cases, and that no person shall be required to remain in such hospital after he is no longer a menace to public health.

Birth Registration. The law requiring physicians and midwives to report births should be amended to impose this obligation upon the parents, when the birth is unattended by either physician or midwife, and the time within which such report is made should be changed from five to ten days.

Medical Practice. The Medical Practice Act should be amended to require every person administering in a professional capacity to the sick to pass an examination, before being licensed, on the fundamental subjects, such as — Anatomy, Physiology, Pathology, Hygiene, Sanitation, etc., by a general board, this to be followed by such other examination as may be required by the Board of the particular branch of medicine which the applicant desires to follow.

It is further recommended that practitioners of all schools or cults be required to register annually with the State Department of Health without fee unless delinquent, as the present method of registration at various places and only upon receiving the license prevents the ready location of the individual thereafter.

Incurables. Three lepers in the state are now closely confined in hospitals, which is both unsatisfactory and expensive. Two of these men have already attempted suicide. A hospital or farm should be provided for this class of cases, including those of cancer and other loathsome diseases, where they can be kept under the observation of the State Department of Health and receive proper care and protection.

Occupational Diseases. Physicians are now required to report occupational diseases to the Commissioner of Labor and Factory Inspection who is not prepared to consider the problems of industrial hygiene from a scientific point of view. Better reporting could be accomplished by having physicians report these cases to the health officer in the same manner as are reported all other diseases relating to public health. The State Department of Health, with its Engineering and Laboratory bureaus, is in position to ascertain the cause and best method of preventing occupational diseases. We recommend that these duties be transferred to the State Department of Health.

Salaries. The salary and wage question has been serious — it is impossible to keep the work up to any degree of efficiency with a constantly changing personnel. Salaries and wages should correspond with those paid by business concerns. Certain members of the Department have remained because of their loyalty, but it is unreasonable to expect indefinite service on this basis. One member of the Department was the recipient of an offer of $1,500 more than he was receiving. Provision for some increase in salaries has been made in the Budget and should be sustained.

Budget. For the continuance and general development of the various divisions of work, the following budget has been approved for the two years ending September 30, 1921:

ESTIMATED EXPENSES — 1919-1921

Salary of Commissioner,	$12,000.00
General Administration,	28,470.00
Preventable Diseases,	28,180.00
Vital Statistics,	26,090.00
Sanitary Engineering,	20,000.00
Laboratory,	42,450.00
Antitoxin,	25,000.00
Child Welfare,	28,000.00
Venereal Diseases,	24,241.14

Respectfully submitted,

(Signed) JOHN T. BLACK,
Chairman.
(Signed) E. K. ROOT,
Secretary.

December 31, 1918

Introspection

Our primary obligations to humanity and to posterity are to guard our national birthright of good health and to hand down a race that will have not only the will, but also the physical and moral power and endurance to defend and maintain our ideals and our institutions in their full integrity.

Upon the health and strength of the people depend the safety of the state and the continued advance of our civilization.

With this important truth in mind, and with the constantly increasing demand for physical fitness of the individual, let us consider some of the evidences of the declining power of our people to endure the stress and strain of modern life. It's high time for us to face the facts.

Bill of Particulars

1 — Our unprecedented prosperity and invention of labor and time saving devices have developed habits of extravagance, luxury, overindulgence in both work and physical ease, which have disturbed our race stability.

2 — The high-tension element is obviously increasing. Nervous strain and mental stress are constantly adding to low-powered group.

3 — An extraordinary increase in sedentary life has occurred.

4 — The overfed and underexercised groups are increasing. Result — obesity and weak limbs, soft muscles — due to disuse. Easy and early victims of organic disease.

5 — Prevalence of defective teeth, diseased gums (largely due to non-use of teeth), impaired vision, baldness, bad posture, flat-foot, constipation, increased by sedentary occupations.

6 — A marked increase has occurred in the death rate from diseases of the nervous and digestive systems, heart and arterial system, kidneys and urinary system — 19 per cent. in ten years.

7 — There are constantly about 1,500,000 Americans ill with preventable disease.

8 — At least 8,500,000 men (of total 28 million), age 18 to 60, have evidences of approaching organic disease or already have it in one or more forms.

9 — Health and life waste from tuberculosis, typhoid fever and other germ diseases is still excessive; about 350,000 deaths annually.

10 — The mortality from cancer is rapidly increasing. Annual deaths about 75,000.

11 — Accidental deaths have steadily increased and now number nearly 90,000 annually.

12 — Four out of every ten deaths (all causes) are preventable.

13 — Two billion dollars is the estimated annual economic waste due to preventable sickness and preventable deaths in the United States.

14 — The birth rate is steadily declining — especially among the well-to-do classes, and at least 200,000 babies die every year from preventable disease.

15 — There are 9,000,000 unmarried women and 8,000,000 unmarried men in the United States.

16 — The divorce rate is increasing. In Chicago one suit is filed for every six marriage licenses issued.

17 — Not less than 75 per cent. of school children need attention for physical defects or impairments prejudicial to health.

18 — The large number of mental defectives and backward children in our schools presents a serious educational problem.

19 — Idiocy and insanity are apparently increasing.

20 — An enormous number of people are suffering from drug habits and alcoholism. The use of cigarettes has doubled within the past five years.

21 — Victims of venereal disease are rapidly increasing.

22 — Suicides continue to increase and have now reached the enormous total of over 15,000 annually. In ten years, 42,000 people have taken their lives in 100 cities.

23 — America's murder rate is extraordinary. About 80 per million as against 7 to 20 for other nations. But a small number are punished for their crimes.

The adverse influence of this great body of physical and mental defectives upon the material, intellectual and moral advance of the nation, and upon the quality of present and future citizenship is self-evident.

We have made wonderful progress in fighting germ diseases, but no war is waged against organic diseases.

If the government may teach people sanitation — public hygiene, — why not individual hygiene — the care of the body and its organs?

If it is a good thing to teach children to avoid illiteracy, why not how to avoid ill health?

If it pays to medically examine our soldiers periodically, why not teach the people to adopt the same health and life-saving practice?

If we can afford to investigate the condition of swine and cattle, and of rivers and harbors for purposes of improvement, surely we can afford to make financial provision to improve human efficiency and to save human life.

The primary duty of organized society is to guard the health and lives of those who compose it.

— *From address by* E. E. Rittenhouse.

Statistics

NOVEMBER — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2622 26.2	2634 25.8	2979 28.8	3026 28.6	2704 23.0
MARRIAGES, *Marriage Rate,*	1111 11.1	1309 12.8	1559 15.1	1255 11.8	909 7.7
DEATHS, *Death Rate,*	1321 13.2	1343 13.1	1534 14.8	1456 13.8	2566 21.8
COMMUNICABLE DISEASES, DEATHS,* *Per Cent to Total Deaths,*	165 12.4	182 13.5	174 11.3	200 13.7	1478 57.5
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	203 78.3	219 82.9	244 84.8	228 72.8	291 92.9

1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

* Influenza and Pneumonia included. -

Laboratory Statistics — November, 1918

Diagnostic Division

Typhoid,		26
Diphtheria (Diagnosis),	129	
Diphtheria (Release),	131	
		260
Diphtheria Carriers (Diagnosis),	294	
Diphtheria Carriers (Release),	115	
		409
Tuberculosis,		118
Syphilis,		370
Gonorrhœa,		31
Glanders,		13
Malaria,		1
Rabies,		2
Paratyphoid A,	26	
Paratyphoid, B,	26	
		52
Diphtheria virulence,		7
Feces for Typhoid,		38
Special,		1
		1328

Chemical Division

Water,	33
Milk,	94
Sewage,	2
	129

Special Division

Bacterial Analysis,	119
Sanitary Chemical,	95
Trade Wastes,	0
	214
Total all Laboratories,	1671

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases *
State Total	**1,410,665**	**12**	**89**	**97**	**42**	**209**	**5**	**2**	**155**	**207**	**166**
NEW HAVEN CO.											
New Haven	161,817	5	10	6	11	19	2	2	35	37	57
Waterbury	101,660	....	6	9	4	25	2	....	7	13	5
Meriden (city and town)	31,940	....	....	11	....	8	....	....	6	....	....
Ansonia	17,581	....	1	....	....	....	....	....	3	....	4
Orange (inc. West Haven)	16,561	1	1	....	....	....	....	....	3	....	....
Naugatuck	13,671	1	....	....	....	1	....	....	....	....	....
Wallingford (town and boro)	11,856	....	....	....	....	....	....	....	....	....	....
Milford	10,403	....	2	....	....	....	....	....	....	....	....
Derby	10,079	....	....	....	....	1	....	....	1	....	....
Hamden	9,301	....	....	....	....	....	....	....	....	....	....
Branford (town and boro)	7,172	....	....	....	....	....	....	....	....	7	....
Seymour	6,391	....	....	....	....	1	....	....	....	....	1
Towns under 5,000	23,549	1	....	7	1	....	....	....	1	2	4
FAIRFIELD CO.											
Bridgeport	152,524	2	6	5	....	45	....	....	20	3	19
Stamford (city and town)	40,734	....	....	2	3	4	....	....	2	....	1
Norwalk	28,660	....	....	1	....	....	....	....	2	1	....
Danbury (city and town)	24,053	....	1	....	....	1	....	....	....	....	1
Greenwich (town and boro)	18,656	....	1	5	....	1	....	....	2	5	8
Stratford	12,945	....	....	....	2	3	....	....	1	1	....
Fairfield	11,915	....	....	....	....	....	....	....	....	....	....
Shelton	8,573	....	1	....	....	2	....	....	....	....	1
Darien	8,198	....	....	....	....	....	....	....	....	....	....
Westport	5,337	....	....	....	....	....	....	....	....	4	....
Towns under 5,000	26,584	....	....	1	....	....	....	....	4	4	4
HARTFORD CO.											
Hartford	129,353	1	56	15	2	22	....	....	16	4	25
New Britain	58,440	....	....	6	....	11	....	....	13	5	2
Bristol (city and town)	19,771	....	....	3	....	1	....	....	5	1	2
Manchester	16,836	....	....	3	....	1	....	....	....	2	2
Enfield	11,847	....	....	2	6	....	....	....	1	....	....
East Hartford	10,878	....	....	....	1	....	....	....	....	....	2
Southington (town and boro)	9,312	....	3	....	....	7	....	....	....	....	1
West Hartford	7,440	....	....	....	....	....	....	....	1	1	2
Windsor	6,573	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,302	....	....	....	....	....	....	....	....	....	....
Berlin	5,409	....	....	....	....	....	....	....	2	....	....
Towns under 5,000	47,958	....	....	....	5	5	....	....	1	2	5
NEW LONDON CO.											
Norwich (city and town)	29,320	1	....	....	....	3	....	....	6	3	....
New London	25,648	....	....	3	....	18	....	....	7	15	5
Stonington (town and boro)	10,667	....	....	....	....	6	....	....	....	2	1
Groton (town and boro)	7,241	....	....	8	....	4	....	....	....	11	7
Towns under 5,000	29,600	....	....	....	....	3	1	....	11	10	4
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	....	....	....	....	....	....	....	....
Winchester (inc. Winsted)	9,910	....	....	1	....	....	....	....	....	....	....
Plymouth	7,185	....	....	....	....	1	....	....	....	....	....
Watertown	6,136	....	....	....	....	....	....	....	....	20	....
New Milford	5,229	....	....	....	....	1	....	....	....	2	1
Towns under 5,000	31,992	....	....	3	....	6	....	....	1	36	....
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	....	....	....	....	....	....	2	....	....
Putnam (city and town)	8,349	....	....	....	....	....	....	....	....	....	....
Plainfield	8,259	....	....	1	....	1	....	....	1	....	....
Killingly (inc. Danielson)	7,516	....	....	....	....	....	....	....	....	3	....
Towns under 5,000	15,543	....	....	....	4	1	....	....	....	3	....
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	....	5	....	2	....	....	1	....	....
Towns under 5,000	26,862	....	....	....	2	2	....	....	....	3	2
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	....	....	....	....	....	....	....	....	....
Stafford (town and boro)	6,242	....	....	....	....	....	....	....	....	7	....
Towns under 5,000	13,317	....	1	....	1	3	....	....	....	....	....

* Excluding Influenza

November 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	**1,410,665**	**2704**	**114**	**909**	**2566**	**21.8**	**1.1**	**92.9**	**291**	**203**	**423**
Ansonia	17,581	37	....	20	17	11.6	0.6	19.2	1	1	2
Berlin	5,409	7	....	....	5	11.0	2.2	.....	....	3	1
Branford	7,172	14	....	2	24	40.1	8.3	222.2	2	5	4
Bridgeport	152,524	374	21	124	399	31.3	1.7	68.0	29	40	32
Bristol	19,771	40	3	3	20	12.1	0.6	58.3	3	3	1
Danbury	24,053	32	1	14	43	21.4	1.4	100.2	4	....	11
Darien	8,198	2	1	3	6	8.7	.....	.....	....	1	1
Derby	10,079	55	2	12	15	17.8	1.1	.....	....	1	4
East Hartford	10,878	15	1	4	13	14.3	1.1	158.5	3	1	....
Enfield	11,847	20	2	16	15	15.1	3.0	140.7	4	1	....
Fairfield	11,915	13	....	2	36	36.2	1.0	216.6	5	3	3
Glastonbury	6,302	9	....	1	10	19.0	1.9	210.5	2	....	2
Greenwich	18,656	36	2	22	44	28.3	3.2	.....	....	....	....
Groton	7,241	14	....	3	17	28.1	.....	.....	....	....	5
Hamden	9,301	11	....	2	14	18.0	1.2	56.0	1	1	4
Hartford	129,353	312	14	112	269	24.9	1.3	101.7	36	24	38
Killingly	7,516	17	....	7	10	15.9	.....	147.2	2	1	4
Manchester	16,836	31	1	8	17	12.1	0.7	170.6	6	....	4
Meriden	31,940	59	1	18	52	19.5	1.8	97.2	8	2	12
Middletown	26,931	50	1	13	77	34.3	.....	92.1	5	4	15
Milford	10,403	17	1	5	10	11.5	.....	129.0	2	....	2
Naugatuck	13,671	30	....	14	14	12.2	1.7	198.3	6	2	3
New Britain	58,440	139	9	30	71	14.5	1.4	57.0	10	3	9
New Haven	161,817	329	8	137	379	28.1	1.2	107.0	46	45	57
New London	25,648	47	5	27	55	25.7	0.4	85.4	5	3	9
New Milford	5,229	7	....	1	5	11.4	2.2	.....	....	....	3
Norwalk	28,660	40	2	17	63	26.3	0.4	74.3	4	5	13
Norwich	29,320	53	3	20	46	18.8	2.4	75.7	5	3	10
Orange	16,561	29	1	5	27	19.5	1.4	39.8	1	1	8
Plainfield	8,259	10	1	3	10	14.5	1.4	74.0	1	1	....
Plymouth	7,185	15	1	5	11	18.3	3.3	28.4	4	....	1
Putnam	8,349	8	2	9	25	35.9	1.4	116.5	2	1	9
Seymour	6,391	13	....	3	11	20.6	1.8	112.6	2	....	2
Shelton	8,573	15	....	5	14	19.5	1.3	55.0	1	2	1
Southington	9,312	13	1	2	15	19.3	.....	51.2	1	3	4
Stafford	6,242	11	1	3	7	13.4	1.9	.....	....	....	3
Stamford	40,734	77	5	30	81	23.8	1.1	111.5	9	6	13
Stonington	10,667	14	1	6	9	10.1	.....	161.4	3	....	2
Stratford	12,945	28	1	7	26	24.1	1.8	233.0	6	3	3
Torrington	21,436	49	2	7	47	26.3	.....	77.2	4	5	5
Vernon	8,825	11	....	5	10	13.5	1.3	.....	....	....	2
Wallingford	11,856	12	....	5	5	5.1	.....	44.4	1	....	1
Waterbury	101,660	233	5	81	157	18.5	4.7	133.5	32	10	18
Watertown	6,136	3	1	3	8	15.6	.....	115.3	1	1	1
West Hartford	7,440	11	....	1	11	17.7	.....	150.9	2	1	4
Westport	5,337	8	1	2	11	24.7	.....	.....	....	....	2
Winchester	9,910	16	1	7	14	16.9	.....	133.3	3	....	3
Windham	14,178	22	2	8	8	6.7	1.6	29.4	1	....	2
Windsor	6,573	9	....	2	14	25.5	1.8	26.3	2	1	2
Towns under 5,000	215,405	287	10	73	299	16.6	1.5	90.5	26	16	88

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
2	7	0	9	21	1022	139	17	87	2	1	275	30	7	92	22	5	794	293
...	...	...	...	...	11	...	...	2	...	...	1	...	...	1	...	...	...	...
...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	15	3	...	1	...	...	...	...	...	...	...	...	4	2
...	2	...	...	3	185	18	4	9	...	...	81	3	1	14	2	1	167	19
...	...	...	...	...	7	1	2	1	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	15	2	...	3	...	...	1	...	...	3	1	...	15	3
...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	6	1	...	...	...	...	1	...	...	1	...	...	7	7
...	...	...	...	...	2	1	...	...	...	...	4	...	1	...	...	...	...	...
...	...	...	...	...	8	3	...	...	...	...	...	2	...	...	...	...	...	...
...	...	...	...	...	20	...	...	...	...	...	5	1	...	...	...	...	...	...
...	...	...	...	...	6	1	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	1	...	16	5	...	3	...	...	6	2	...	1	...	...	...	...
...	...	...	...	...	9	...	...	...	...	...	2	...	...	...	...	1	...	1
...	...	...	...	...	6	1	1	2	...	...	1	...	...	...	...	...	...	1
...	3	...	...	2	104	12	3	11	...	...	27	2	1	7	3	1	150	65
...	...	...	...	...	3	...	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	3	...	...	...	...	...	1	1	...	1	...	...	...	...
...	...	...	...	...	18	7	...	...	...	...	2	...	...	2	...	...	11	8
...	...	...	...	...	29	5	...	2	...	...	5	2	...	...	1	...	66	51
...	...	...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	1	...
...	...	...	...	1	4	1	...	1	...	...	2	2	...	...	...	...	...	...
...	...	...	...	1	35	6	...	4	...	...	6	1	...	3	...	...	22	3
1	2	...	3	3	160	12	3	12	...	1	39	3	...	18	5	1	136	32
...	...	...	1	...	16	1	...	3	...	...	8	...	...	5	...	...	27	11
...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	26	1	1	4	...	...	7	...	...	1	...	...	16	4
...	...	...	...	3	5	9	...	2	...	...	2	1	...	3	1	...	14	10
...	...	...	...	...	5	2	...	4	...	...	4	1	...	...	1	...	2	...
...	...	...	...	...	2	1	...	1	...	...	2	...	...	...	...	...	3	1
...	...	...	...	...	2	2	...	...	...	...	1	...	...	2	...	...	...	...
...	...	...	...	...	12	1	...	...	...	...	...	1	...	...	...	...	7	1
...	...	...	...	...	5	...	...	...	...	...	...	...	...	1	...	...	...	...
...	...	...	...	1	3	3	...	3	...	...	2	...	...	...	...	...	3	2
...	...	...	...	...	10	...	...	...	...	...	1	...	...	1	...	...	...	...
...	...	...	...	...	3	...	...	...	...	...	1	...	...	...	...	...	2	...
...	...	...	...	3	25	3	...	2	...	...	6	2	...	2	1	...	20	7
...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...
...	...	...	...	1	11	1	...	...	...	...	6	...	...	...	...	...	1	...
...	...	...	...	...	30	...	...	...	...	...	6	...	...	2	...	...	17	5
...	...	...	...	...	4	1	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...
...	...	...	3	...	64	4	3	3	1	...	15	4	1	11	1	...	46	6
...	...	...	...	...	4	...	...	...	...	...	1	...	...	1	...	...	1	1
...	...	...	...	...	4	...	...	1	...	...	1	...	1	...	...	1	4	1
...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	3	2
1	...	...	...	...	7	...	...	...	...	...	1	...	...	1	...	...	9	3
...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	3	3
...	...	...	...	...	6	1	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	1	2	97	27	...	12	1	...	20	...	2	11	4	...	35	43

Silence Would be Criminal in the Face of Facts like These:

20% of Connecticut's insane are insane as a result of venereal diseases, acquired or inherited.

50% of our imbeciles are imbeciles because of inherited syphilis.

10% of all our blind are blind as a result of gonorrhea and syphilis.

80% of all our blind children under one year of age contracted gonorrhea from their mothers in the process of birth.

65% of all operations on women for chronic pelvic troubles are made necessary because of conditions arising from gonorrhea.

It costs the State of Connecticut half a million dollars every year for the support of people who are public charges as a direct result of these loathsome and preventable contagious diseases.

What shall we do about it, Mr. Citizen?

In times of war we are willing to dedicate our lives and our fortunes for the protection of our country and our sacred rights.

In times of peace, with knowledge of this greater danger, are we manly enough as individuals and brave enough as citizens to fight a winning battle for the protection of our women, our children, our country and our race?

LABORATORY
WASHINGTON
25 Fe '19

CONNECTICUT
HEALTH BULLETIN
Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

FEBRUARY, 1919

In This Issue:

FIRST REPORT
OF THE
INDUSTRIAL WASTES BOARD

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Report of the Industrial Wastes Board.

His Excellency, Governor Marcus H. Holcomb,
State Capitol,
Hartford, Connecticut.

Sir:

The Legislature of 1915 imposed upon the State Department of Health the duty of furnishing information and assistance in ascertaining or installing sewerage systems and refuse disposal plants. (Section 2561).

> "Sec. 2561. *Information Furnished by Department.* The Department of Health, on request of any person, corporation or municipality, shall furnish such person, corporation or municipality such information and assistance as may be reasonably necessary in ascertaining or installing the most practicable sewerage system or refuse disposal plant."

It being ascertained that the carrying out of the provisions of this Act would involve large interests and many difficult problems, the Legislature of 1917 made provision for an Advisory Board to aid and assist the Department of Health in this work (Section 2562).

> "Sec. 2562. *Assistance in Carrying out Preceding Section.* The State Department of Health, acting with five persons appointed by the governor at least two of whom shall be of recognized experience in sanitation, and at least two of whom shall be manufacturers, is authorized to make such investigations and employ such expert assistance as may be necessary to enable it to carry out the provisions of section 2561, concerning pollution of the waters of this state. The persons so appointed shall serve without compensation. For the purposes of this section the sum of twenty-five thousand dollars is appropriated out of any money in the treasury not otherwise appropriated."

The personnel of this Board as organized in accordance with this Act is as follows:

Commissioner of Health — John T. Black, M. D.

Public Health Council — Edward K. Root, M. D., James A. Newlands, B. S., Robert A. Cairns, C. E., Lewis Sperry, C.-E. A. Winslow, M. S., Walter H. Brown, M. D.

Special Appointive Members — Henry R. Buck, John H. Goss, Ernest W. Christ, Arthur M. Waitt, G. Clifford Foote.

The first meeting of this Board was held on July 13, 1917, at which time organization was perfected by selecting the Chairman and Secretary of the Public Health Council as Chairman and Secretary of this Board.

The full Board has had seven meetings during the interval covered by this report. Numerous committee meetings and conferences have been held.

Name

The Act creating this Board did not designate a specific title for it and such being deemed necessary for the purpose of identifying its activities, it was voted that it should hereafter be known as "The Industrial Wastes Board."

Procedure

It was decided that meetings of the Board should be held at such times and places as might be designated by the Commissioner of Health, or upon the request of at least four members of the Board, and that the accounting and expenditure of all moneys be incorporated with the financial system of the State Department of Health, but that the expenditures incurred under the authority granted in this Act should be so classified that they might be presented separately to this Board for approval.

It was agreed that all matters referred to the State Department of Health under the provisions of Section 2561 should be submitted to this Board for its consideration.

Policy

It being the general impression that the Industrial Wastes Board was created for the particular purpose of studying the problems relating to stream pollution by industries, it was by vote decided that only such problems as referred to conditions resulting from industrial wastes should be taken up, all others to be referred back to the State Department of Health for disposition.

After careful consideration it was decided that with a few exceptions, it would be advantageous to take up the study of stream pollution along two general lines:

1. The study of wastes by classes. using one or more industries of a particular class for intensive study and experimentation,

with the idea that the solution of the problems surrounding any particular class of wastes could be applied with slight modification to all industries of that class within the state.

2. The study of certain areas or watersheds which are now grossly polluted, for the purpose of determining satisfactory methods of relief other than by the treatment of specific wastes at their sources.

As this report will indicate, it is the opinion of the Board that more satisfactory results will be obtained by following out the former plan because it has been found that many wastes which have been polluting the streams can be reclaimed at a profit. Studies for the reclamation or economic disposal of wastes have been made by certain manufacturers in the State. They have spent large sums of money, solved some problems and partially solved others. These manufacturers have willingly co-operated with this Board and have made available the information gained by their previous experience. They have also at considerable expense of their own, participated in the investigations made by this Board. This co-operation and assistance by the manufacturers of the State has done much toward making the work a success.

Up to the date of this report, the Board has taken up the following classes of wastes: Brass and copper, iron, silk and silk dyes, wood distillation.

The brass and copper wastes have been studied particularly in Waterbury and Stamford, under the direction of Mr. James A. Newlands; the iron wastes in New Britain and Bristol, under the direction of Mr. Frederick Jackson and Mr. James A. Newlands; the silk and silk wax in South Manchester under the direction of Arthur D. Little, Inc., of Boston, and the wood distillation in North Canaan, under the direction of Mr. Jackson.

Under the second group, the investigation of areas or watersheds surrounding the Naugatuck and Hockanum Rivers was undertaken. The condition of the Naugatuck River has been the cause of numerous complaints for many years, and it was decided to study this problem along the lines inaugurated by Mr. Charles A. Preston, Engineer for the Manufacturer's Committee of Waterbury. This required a general survey of the industries and municipalities and of the watershed, the object being to determine whether the insanitary condition of the river could be alleviated by providing an increased and uniform stream flow.

The study of the Hockanum River watershed was taken up along somewhat similar lines and included the consideration of the Rockville and South Manchester sewage disposal works.

Other problems which have received the attention of the Board but which are not included in the two groups mentioned are as follows:

Noroton River. Pollution by oil and other wastes from the Stamford Rolling Mills plant at Springdale. The discharge of wastes by this concern into the stream has been entirely discontinued. The oil is now recovered with profit, but the other waste problem will require further study.

Norwalk River. Pollution by iron wastes from Georgetown Mills. Investigation not completed, although conditions on River are reported improved.

North Canaan Water Supply. Polluted by discharge from Connecticut Chemical Company at East Canaan. Discharge into the river discontinued. Study of the wastes as a class being undertaken.

Mad River. An inspection was made at the request of the Scoville Manufacturing Company. Condition of river reported good, except near its discharge into the Naugatuck. No action taken pending the solution of the Naugatuck problem.

Thames River. Threatened pollution by Shay Fertilizer Company. Plans were submitted for disposal of wastes but were disapproved. Plant not constructed.

Mianus River. Pollution by Mianus Manufacturing Company. Company now constructing filter beds for relieving this stream.

Lydell's Brook. Pollution by paper factory in Manchester. No action taken other than investigation as it is contemplated making a special study of this class of wastes.

Tomac Cove. Pollution by Stamford Rolling Mills. Pollution discontinued by installation of settling basins.

Stamford Harbor. Pollution by Edgemoor Arsenal. Investigation elicited the fact that the pollution would be temporary and that war work would be interfered with, if abatement was ordered, consequently no action taken.

Byram River. Pollution by American Felt Company at Glenville. Disposal plant installed which eliminated the pollution, plans of which were filed with this Department.

Five Mile River. Threatened pollution at Rowayton by the Union Aniline Dye and Chemical Company. Company promised to install satisfactory disposal tank although later the construction of the factory was abandoned.

The appropriation for the work of this Board was $25,000. Of this amount $12,113.73 was expended up to September 30, 1918. The balance will complete the study of some of the problems now under way, but there are many new problems arising which should receive consideration, and it is therefore recommended that the appropriation for the next period be increased to $50,000, to be made available July 1, 1919.

Reports in detail are appended thereto, covering the studies and investigations listed under groups one and two.

Respectfully submitted,
(Signed) JOHN T. BLACK, *Chairman.*

Approved at a meeting of the Industrial Wastes Board, January 28, 1919.

(Signed) E. K. ROOT, *Secretary.*

The Disposal of Manufacturing Wastes.

An Address by James A. Newlands, B. S.

(This address, delivered March 26, 1914, is of special interest in connection with the first report of the Industrial Wastes Board, of which Mr. Newlands is a member. — Ed.)

I have been asked to address you today on manufacturing waste disposal. While this phase of the river pollution problem has not been given much attention in Connecticut in recent years, it is by no means a new development.

As early as 1887 the state board of health made an extensive investigation of the pollution of streams by manufacturing wastes, and an excellent description of the very complex character of these wastes was given by Prof. S. W. Williston in his report covering the investigation. Commenting on the growth of Connecticut cities at that time and the resulting effect on streams, he says: "The growth of population is almost without exception in manufacturing centers. The decrease of the agricultural or rural population in Connecticut has been steady and general for some years. Connecticut is becoming more and more dependent every year upon its manufacturies for which the natural resources are good.

"But this segregation produces a two-fold result upon the streams; not only are the wastes from the manufacturies added to the streams that furnish them motive power, or at least water, but the people themselves are brought into the most favorable condition for discharging their polluting garbage, ordure, or sewage directly into the river."

In a later paragraph he calls attention to the fact that most of the city water supplies are drawn from comparatively pure lakes and reservoirs, and intimates that the pollution of streams at that time was an economic rather than a public health problem.

The problem is still largely an economic one, although the pollution of Connecticut oyster beds and a few of our water supplies demands attention from the standpoint of its effect on public health.

The prompt removal of waste products of any kind which would retard progress or adversely affect the public health is a matter of vital importance in any center of population; and the advantages of a site on the banks of a stream which supplies water, in some instances power for manufacturing purposes. and an easy method for the removal of wastes, account for the location and rapid growth of many of our important industrial centers of the present time. As a result of this development of cities on the banks of our streams and natural waters a certain amount of contamination becomes inevitable. The cost of retaining the waters in their original purity under these conditions would be prohibitive. In fact, the financial demands upon cities today for the numerous intricate requirements of urban life are becoming excessive, and many sanitary engineers now hold the view that certain streams and natural waters should be set aside for the disposal of limited amounts of sewage by dilution, where such use best serves the interests of the general public. Entire freedom, however, in the disposal of wastes which amounts to a license to destroy the value of our natural waters and to infringe upon the rights of others must and undoubtedly will be curtailed in the not distant future. Methods for partial purification of municipal sewage have been developed to such an extent that we now have means for adequate improvement under almost all local conditions likely to be encountered, and at a cost within the reach of municipalities financially able to construct a sewerage system.

Concerning the disposal of manufacturing wastes, developments have been less satisfactory. The primitive method of discharging such wastes into the nearest watercourse was not usually accompanied by serious damage in the early days of industrial enterprises when the volumes of wastes were small and the industries far apart. The rapid increase in numbers and in the output of these industries, however, has resulted in the production of much larger volumes of wastes than can properly be disposed of by dilution, as evidenced by the condition of some of our natural waters; and the question of what shall be done to solve this problem becomes more and more pressing. Boating and fishing for either pleasure or profit have become impossible on certain streams. The discharge of large volumes of dye wastes into a stream manifestly impairs the value of the water for paper making. Wool-scouring wastes similarly affect its value for silk manufacture. Business enterprises thus encroach upon each other's rights in the use of natural waters, and limit the development of industries which might otherwise produce a very material increase in the revenue of the state. These conditions become more noticeable each year, and many of our manufacturers would welcome any plan which would solve their problem of waste disposal at a reasonable cost.

The problems involved, however, are in many cases intricate. In spite of careful investigations both in this country and abroad, no very satisfactory methods have been developed for the treatment of such wastes as sulphite liquor from wood pulp paper mills and wastes from silk manufacture. These and other wastes vary greatly in character and volume, not only at different mills, but at the same mill from hour to hour. In some instances the organic and mineral matter may be from 100 to 300 times that of normal sewage, and of such wide variation in character as to make economical treatment difficult or impossible.

Progress in the development of disposal methods has been more rapid abroad than in this country, due to necessities arising from the greater congestion of industries on small water courses. But even there the majority of treatment works for industrial wastes are little more than plain tanks for sedimentation or chemical precipitation for the removal of the suspended solids. For certain types of wastes, however, methods have been devised which yield by-products the value of which more than pays for the cost of recovery, and a study of the problem from this point of view is worthy of further consideration.

At one of the large wool-centers in England the sludge at the sewage disposal plant is heated and discharged into a filter press. The liquid from the filter press is boiled and the grease removed by skimming. A considerable profit is said to be realized from the sale of the grease to refiners. By the so-called Yaryan process, also used in England, wool-scouring liquors are partially evaporated and the fats are separated by means of a centrifugal machine. The remainder of the liquid is evaporated and potassium carbonate recovered. Saponification of fats by the addition of sulphuric acid is also a method sometimes used both in this country and abroad, and the grease in this case is extracted from the sludge by means of hot filter presses. In this country at one of the large woolen mills in a Massachusetts city about 50,000 lbs. of grease are recovered each week by a patented naphtha process, and the plant is said to be financially successful. The grease recovered in this way commands a price about twice as great as that of grease obtained from the sulphuric acid process.

Acid iron wastes are also profitably treated at some of the iron and steel plants in New York, Pennsylvania and Ohio. The usual treatment with this waste is concentration in a specially constructed "vacuum evaporator" to produce sulphate of iron, for which there is a ready market. A few years ago the writer, while engaged in studying the operation of one of our Connecticut sewage disposal plants, persuaded a manufacturer to look into the possibilities of treating his iron wastes at the factory in order to relieve the municipal filters. As a result, about ten thousand dollars was invested in apparatus, and the plant has been successful in its operation from the beginning. Aside from this instance little has been done in Connecticut to solve the manufacturing waste problem, although some of the wastes undoubtedly contain ingredients which can be recovered and disposed of at a profit.

In Massachusetts the state board of health has for a number of years made a study of trades wastes disposal at the Lawrence experiment station and at some of the manufacturing plants. The board has also been charged by the legislature with the duty of cleaning up certain rivers, notably the Blackstone and Neponsit. Most of the investigations, however, have been confined to a study of precipitation and biological filter methods, and progress in the construction of disposal plants of these types has been slow, although several are now in operation along the Neponsit River and in other sections of the state. In New York a number of disposal plants have been installed at gas works, creameries, canning factories, tanneries and wall paper mills, but these are said to be few compared with the number of factories discharging untreated wastes into the waters of the state. Pennsylvania, New Jersey and Ohio also have a few plants for the disposal of trades wastes, but aside from the iron waste plants previously referred to, they consist largely of sedimentation or chemical precipitation tanks.

In Connecticut the state board of health is charged with the duty of investigating and ascertaining the facts concerning the pollution of streams and natural waters of the state in order to determine the sanitary and economical effects of such pollution; but like most of the other state boards of health, it has never been given authority or sufficient funds for technical assistance to determine what should be done when the above facts are ascertained. Past reports of this board have clearly shown that some of our streams are badly polluted, and a brief visit to these bodies of water will relieve the most skeptical of any strain upon his imagination. I am convinced that what we need now, more than proof of existing conditions, is a careful study on a practical scale of our various manufacturing wastes, with a view to determining the most economical methods of disposal.

Such investigations naturally come within the sphere of the state health department because they are so closely allied to municipal sewage disposal problems. Mill owners must cooperate if these investigations are to be successful, but for economic reasons they are not likely to accept the responsibility of solving the problem unaided. The manufacturer who objects to heavy expense of waste disposal which would place him at a disadvantage with a competitor more favorably situated has a legitimate argument. The mill owner has also claimed that as one of the heavy tax payers of the municipality he should have the right to discharge manufacturing wastes into the sewer system, to be treated at the municipal disposal works. With certain types of trades wastes amenable to such treatment and containing little of commercial value, this method may be the best solution of a difficult problem.

Some wastes, however, contain ingredients which cannot readily be treated with domestic sewage, and may even injuriously affect the operation of the disposal plant. Strong acid wastes, if present in sufficient amounts to give the sewage an acid reaction, will destroy bacteria and interfere with the operation of biological filters. Wool-scouring wastes and wastes from silk manufacture often produce mechanical troubles in the operation of disposal plants which have been built primarily to care for municipal sewage. Failure to recognize these facts has resulted in seriously impairing the work of excellent plants in this state and elsewhere. Under such conditions improvements have been obtained in some instances by treatment at the factory to remove a portion of the suspended solids or other objectionable matter before the waste is discharged into the sewerage system.

Each industrial center has its own problem to be solved, and while many of these are undoubtedly difficult, the possibility of at least reducing the cost of treatment by the extraction of valuable materials contained in some of our trades wastes is worthy of greater consideration that it has been given in the past. The manufacturer who is asked to give up disposal by dilution may reasonably expect the privilege of discharging worthless trades wastes into the sewer system, with only sufficient preliminary treatment to avoid serious operating difficulties at the disposal plant, or a material increase in running expenses; but it is also fair to assume that he should and will dispose of such wastes as contain materials of commercial value as great as or greater than the cost of recovery. Careful study of our trades wastes with this end in view and the dissemination of information thus obtained will do much to promote activity where it is most needed.

Statistics

DECEMBER — For Five Years

CONNECTICUT	1914	1915	1916	1917	1918
BIRTHS, *Birth Rate,*	2520 25.2	2657 26.0	2895 28.0	3009 28.5	2745 23.3
MARRIAGES, *Marriage Rate,*	626 6.2	696 6.8	752 7.2	910 8.6	614 5.2
DEATHS, *Death Rate,*	1474 14.7	1624 15.9	1839 17.8	1610 15.2	2421 20.5
COMMUNICABLE DISEASES, DEATHS, *Per Cent to Total Deaths,*	194 13.1	192 11.0	173 11.8	202 12.5	951* 39.2
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	225 89.6	210 78.9	276 101.2	252 87.6	279 89.1

1918 rates computed on population determined by school census, which increases the population 10 per cent over that obtained by the U. S. Census method.

* Influenza included.

Laboratory Statistics—December, 1918.

Diagnostic Division

Typhoid,		23
Diphtheria (Diagnosis),	137	
Diphtheria (Release),	157	294
Diphtheria Carriers, (Diagnosis),	257	
Diphtheria Carriers, (Release),	112	
		369
Tuberculosis,		111
Syphilis,		368
Gonorrhœa,		36
Glanders,		11
Pneumonia, Type I,	1	
Pneumonia, Type II,	2	
Pneumonia, Type IV,	1	
		4
Malaria,		5
Rabies,		5
Paratyphoid, A,		23
Paratyphoid, B,		23
Diphtheria Virulence,		15
Feces for Typhoid,		1
Special,		1
		1289

Chemical Division

Water,	72
Milk,	126
Sewage,	6
	204

Special Division

Bacterial Analyses,	101
Sanitary Chemical,	93
Trade Wastes,	31
	225
Total All Laboratories,	1718

COMMUNICABLE DISEASES — DECEMBER 1918

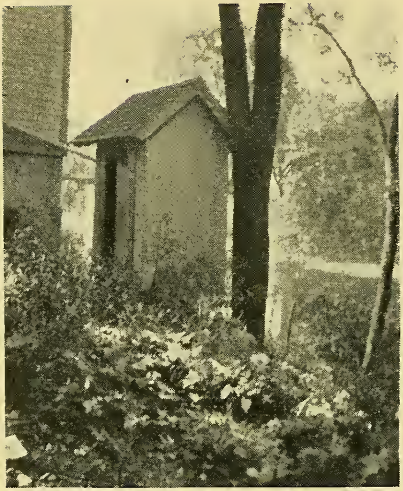
Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases *
State Total	1,410,665	19	245	187	26	259	3		146	224	304
NEW HAVEN CO.											
New Haven	161,817	6	23	5	8	43	3	....	36	....	57
Waterbury	101,660	1	5	18	....	13	....	....	20	24	18
Meriden (city and town)	31,940	1	1	15	....	6	....	....	6	....	4
Ansonia	17,581	....	....	....	....	....	....	....	1	....	7
Orange (inc. West Haven)	16,561	....	....	....	....	....	....	....	....	....	2
Naugatuck	13,671	....	....	....	....	....	....	....	1	....	....
Wallingford (town and boro)	11,856	2	....	....	....	10	....	....	....	....	....
Milford	10,403	....	1	....	....	....	....	....	....	....	....
Derby	10,079	....	....	....	....	2	....	....	....	46	....
Hamden	9,301	....	....	2	1	1	....	....	....	....	1
Branford (town and boro)	7,172	....	....	....	....	....	....	....	....	....	1
Seymour	6,391	....	....	....	....	1	....	....	....	....	....
Towns under 5,000	23,549	1	....	2	....	1	....	....	....	2	1
FAIRFIELD CO.											
Bridgeport	152,524	....	10	2	....	33	....	....	19	1	42
Stamford (city and town)	40,734	1	1	4	....	....	....	....	3	....	4
Norwalk	28,660	....	....	....	....	3	....	....	2	1	1
Danbury (city and town)	24,053	....	....	....	....	1	....	....	1	....	1
Greenwich (town and boro)	18,656	....	1	15	....	1	....	....	....	9	5
Stratford	12,945	....	....	....	....	....	....	....	1	....	....
Fairfield	11,915	....	....	....	....	....	....	....	....	....	....
Shelton	8,573	1	....	1	....	2	....	....	....	....	....
Darien	8,198	....	....	....	....	....	....	....	....	2	....
Westport	5,337	....	....	....	....	....	....	....	1	8	....
Towns under 5,000	26,584	....	....	3	....	2	....	....	....	7	....
HARTFORD CO.											
Hartford	129,353	3	87	11	2	38	....	....	12	1	27
New Britain	58,440	....	5	13	....	8	....	....	6	6	1
Bristol (city and town)	19,771	....	....	9	....	1	....	....	3	1	....
Manchester	16,836	....	19	16	....	4	....	....	....	2	10
Enfield	11,847	....	....	20	....	....	....	....	....	3	1
East Hartford	10,878	....	2	2	....	1	....	....	1	....	....
Southington (town and boro)	9,312	....	4	1	....	2	....	....	....	....	3
West Hartford	7,440	....	....	....	....	2	....	....	....	1	2
Windsor	6,573	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,302	....	....	3	....	3	....	....	....	....	2
Berlin	5,409	....	1	1	....	....	....	....	2	....	....
Towns under 5,000	47,958	1	5	3	2	2	....	....	2	5	12
NEW LONDON CO.											
Norwich (city and town)	29,320	....	....	6	....	4	....	....	4	4	4
New London	25,648	....	....	12	....	23	....	....	2	8	12
Stonington (town and boro)	10,667	....	....	2	....	18	....	....	....	4	1
Groton (town and boro)	7,241	....	....	5	....	2	....	....	2	3	13
Towns under 5,000	29,600	2	2	....	1	4	....	....	1	5	10
LITCHFIELD CO.											
Torrington (town and boro)	21,436	....	....	....	....	....	....	....	....	....	....
Winchester (inc. Winsted)	9,910	....	....	1	....	....	....	....	....	....	....
Plymouth	7,185	....	3	....	....	....	....	....	....	....	....
Watertown	6,136	....	....	1	....	....	....	....	....	5	....
New Milford	5,229	....	1	....	....	....	....	....	....	....	....
Towns under 5,000	31,992	....	1	....	3	13	....	....	3	13	5
WINDHAM CO.											
Windham (inc. Willimantic)	14,178	....	....	1	....	4	....	....	....	....	....
Putnam (city and town)	8,349	....	....	1	1	1	....	....	1	....	....
Plainfield	8,259	....	....	....	....	2	....	....	....	....	4
Killingly (inc. Danielson)	7,516	....	1	1	....	....	....	....	5	1	24
Towns under 5,000	15,543	....	29	1	1	6	....	....	2	1	15
MIDDLESEX CO.											
Middletown (city and town)	26,931	....	42	3	....	....	....	....	7	51	....
Towns under 5,000	26,862	....	1	7	7	2	....	....	....	10	14
TOLLAND CO.											
Vernon (inc. Rockville)	8,825	....	....	....	....	....	....	....	1	2	....
Stafford (town and boro)	6,242	....	....	....	....	....	....	....	1	1	....
Towns under 5,000	13,317	....	....	....	....	....	....	....	....	2	....

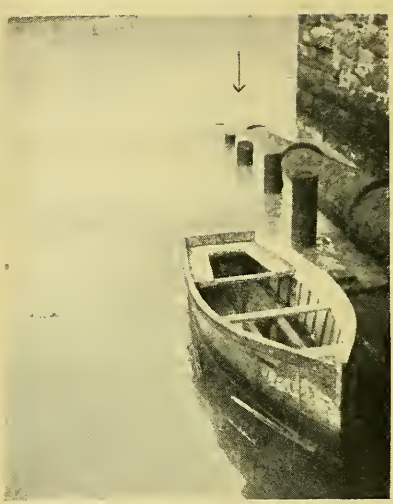
* Excluding Influenza

December 1918	Population Based on School Census of 1917	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,410,665	2745	128	614	2421	20.6	1.3	89.1	279	140	501
Ansonia	17,581	38	3	7	28	19.1	0.6	173.6	9	2	2
Berlin	5,409	1	....	....	6	13.3	6.6	.....	....	....	1
Branford	7,172	9	....	5	5	8.3	3.3	.....	....	....	3
Bridgeport	152,524	374	23	79	234	18.4	1.3	65.7	28	16	28
Bristol	19,771	47	4	4	18	10.9	2.4	77.7	4	....	3
Danbury	24,053	26	4	1	48	23.9	1.9	125.2	5	....	11
Darien	8,198	5	....	2	9	13.1	1.4	226.4	1	....	6
Derby	10,079	31	....	4	20	23.8	1.1	23.6	1	....	4
East Hartford	10,878	13	....	1	10	11.0	1.1	52.8	1	1	6
Enfield	11,847	30	1	6	12	12.1	1.0	35.1	1	1	3
Fairfield	11,915	21	1	3	15	15.1	.....	86.6	2	2	2
Glastonbury	6,302	11	....	3	10	19.0	3.8	210.5	2	1	3
Greenwich	18,656	33	2	14	29	18.6	1.2	74.3	3	2	9
Groton	7,241	11	....	8	15	24.8	.....	154.8	2	....	5
Hamden	9,301	18	....	....	8	10.3	.....	56.0	1	....	1
Hartford	129,353	304	14	90	271	25.1	1.8	121.5	43	16	41
Killingly	7,516	14	1	3	8	12.7	1.5	.....	....	1	4
Manchester	16,836	31	2	7	21	14.9	1.4	113.7	4	....	6
Meriden	31,940	67	1	12	53	19.9	2.6	48.6	4	4	16
Middletown	26,931	46	1	9	78	34.7	0.4	129.0	7	1	23
Milford	10,403	17	....	5	13	14.9	1.1	129.0	2	2	4
Naugatuck	13,671	26	1	8	12	10.5	1.7	198.3	6	....	1
New Britain	58,440	164	6	15	97	19.9	1.4	119.8	21	13	10
New Haven	161,817	380	17	88	323	23.9	1.1	58.1	25	15	56
New London	25,648	57	2	36	58	27.1	1.8	17.0	1	3	8
New Milford	5,229	1	....	3	1	2.2	.....	.....	....	....	1
Norwalk	28,660	47	....	13	50	20.9	2.0	111.4	6	....	12
Norwich	29,320	62	6	11	49	20.0	0.8	106.0	7	....	13
Orange	16,561	30	....	7	44	31.8	6.5	159.4	4	3	7
Plainfield	8,259	10	2	2	10	14.5	1.4	74.0	1	....	2
Plymouth	7,185	6	2	....	10	16.7	5.0	.....	....	....	1
Putnam	8,349	23	....	6	18	25.8	1.4	407.7	7	1	2
Seymour	6,391	21	1	....	5	9.3	1.8	112.6	2	2	....
Shelton	8,573	19	....	3	21	29.3	1.3	165.1	3	1	3
Southington	9,312	16	....	1	24	30.9	1.2	51.2	1	5	4
Stafford	6,242	14	....	3	11	21.1	.....	113.2	1	3	2
Stamford	40,734	80	7	16	87	25.6	0.5	74.3	6	3	19
Stonington	10,667	16	2	3	28	31.4	1.1	215.2	4	....	7
Stratford	12,945	16	....	4	14	12.9	0.9	77.6	2	3	3
Torrington	21,436	47	3	9	51	28.5	1.1	96.6	5	2	8
Vernon	8,825	5	3	3	14	19.0	1.3	.....	....	....	4
Wallingford	11,856	9	....	2	12	12.1	1.0	133.3	3	2	2
Waterbury	101,660	226	7	46	163	19.2	0.9	87.6	21	14	27
Watertown	6,136	11	....	....	6	11.7	.....	.....	....	1	....
West Hartford	7,440	10	....	2	16	25.8	.....	377.3	5	2	2
Westport	5,337	6	....	2	14	31.4	2.2	210.5	2	....	1
Winchester	9,910	11	1	....	15	18.1	1.2	88.8	2	1	4
Windham	14,178	34	1	5	20	16.9	1.6	117.9	4	1	5
Windsor	6,573	9	....	1	2	3.6	.....	.....	....	....	....
Towns under 5,000	215,405	242	10	61	335	18.6	4.8	69.6	20	16	116

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
4	5	2	5	27	742	161	23	93	5	....	320	22	17	112	18	2	709	296
			1		8			1			4	1			1			
					2	3												
					1	1												
			1	3	68	14	3	13			35	2	3	15	3	2	98	20
					7	2								2				
					13	4		3			3			3			12	9
					1						2						6	
					4	1					2		3	2			9	8
					2			1			1			2				
		1			5			2			2							
					6			1			4	1		1				1
					2	2		2			1							
					6	2		1			8	1		1			5	1
					5			2			3							
					2			1						1				
	1			4	93	15	4	6			31	3	1	18	2		154	59
						1		1			1			2				
					6	2	1	1			3			1				1
1	1			2	6	8	1	2			10			3	1		14	7
					20	6		4			9						47	38
					5							1		1				4
					2	1					6							
				3	31	4		2			13	3		8	1		25	4
	1	1		5	113	14	6	12	2		54	2	1	12	2		127	36
				2	15	3		1			1			1			21	6
					17	3					8		1	3	1		5	4
					6	8	1	6			6		2	2			18	15
					18	9					6			1			10	3
				1		1		1										1
					5	3		1										
					3	1		1			1						9	4
					1	1					1	1						
					3	10					1		1				10	11
	1			1	7			2			1			1	1			1
					4	1		1						1			2	1
1	1				32	2	1	2			21	2	2	1	1		32	13
				1	11	1					2							1
					7	1		1										
				2	31	1					7		2				15	2
					4	1	1	2			1			1				1
				1	3	1								1				
			3	1	47	6	3	5	2		16	1		14	2		41	11
					3		1	1						1			1	1
					5						8				1		10	1
					8									2			1	2
					2	1					2						1	1
					2	1		2			4	1		5			9	2
					2													
2				1	98	26	1	12	1		42	3	1	6	2		27	27

How Streams are Polluted





HYGIENIC LABORATORY
WASHINGTON, D. C.
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CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

MARCH, 1919

The best defense against the venereal diseases is an offensive strong enough to wipe them out.

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ALL CORRESPONDENCE, except for laboratory outfits, should be directed to THE STATE DEPARTMENT OF HEALTH, STATE CAPITOL, HARTFORD

CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 33 MARCH, 1919 No. 3

Wise Legislation

A bill which provides that no motion pictures or stereoptican views relating to the subject of venereal diseases shall be exhibited in this state without a written permit from the Commissioner of Health, has just been passed by the state legislature.

The sole purpose of the bill is to prevent the commercial exploitation of a subject which ought to be handled delicately and judiciously to avoid a grave and harmful reaction in the public mind. While there is no doubt that the use of motion pictures can be made a powerful force in the campaign against venereal diseases, it seems very unwise to exhibit such pictures to mixed audiences who are attracted to theatres largely through morbid curiosity.

The State Department of Health possesses copies of the two pictures produced under the direction of the War Department, namely, "Fit to Win," and "The End of the Road." The former is being used for exhibition to men only; the latter, to women only. At each showing there is a short lecture to explain the need of the campaign and the program of the state health department. Suitable literature is distributed at each performance. There is no charge for admission, the expense being borne with funds provided by the state and federal governments. Capacity audiences have been the rule wherever the Department has shown the pictures. That the exhibitions are achieving their purpose is evident from reports received from physicians.

The State Department of Health is conducting a careful campaign to enlighten our citizens concerning a serious menace to the public health. The Department is grateful to the state legislature for providing a means to prevent commercial interests from exploiting the subject in a manner certain to offend a large part of the public.

Statistics

JANUARY — For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS,	2657	2751	3066	3132	2793
Birth Rate,	26.0	26.6	29.0	26.6	22.8
MARRIAGES,	888	996	1112	902	808
Marriage Rate,	8.7	9.6	10.5	7.6	6.6
DEATHS,	1502	2170	2305	1865	2424
Death Rate,	14.7	21.0	21.8	15.8	19.8
COMMUNICABLE DISEASES, DEATHS,	175	174	200	238	987*
Per Cent to Total Deaths,	11.6	8.0	8.6	12.7	40.7
DEATHS UNDER 1 YEAR,	252	272	300	318	315
Rate per 1,000 *Births,*	94.7	99.7	104.3	101.5	101.9

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Including Influenza

Laboratory Statistics—January, 1919

Diagnostic Division

Typhoid		30
Diphtheria:		
Diagnosis	187	
Release	361	
		548
Diphtheria Carriers:		
Diagnosis	43	
Release	60	
		103
Tuberculosis		123
Syphilis		507
Gonorrhoea		35
Glanders		4
Pneumonia:		
Type IV		4
Rabies		5
Paratyphoid A		30
Paratyphoid B		30
Diphtheria virulence		1
		1420

Chemical Division

Water	45
Milk	95
	140

Special Division

Bacterial Analyses	95
Sanitary Chemical	95
Trade Wastes	9
	199

Total all Laboratories	1759

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases *
State Total	1,464,360	6	362	198	37	280	3	1	183	258	264
NEW HAVEN CO.											
New Haven	168,132	2	29	17	....	37	....	1	48	....	53
Waterbury	107,151	....	5	14	1	22	....	....	10	41	22
Meriden (city and town)	32,800	....	....	14	....	15	....	....	3	....	....
Ansonia	17,459	....	1	6	....	....	....	....	4	33	4
Orange (inc. West Haven)	17,206	....	2	....	....	8	....	....	1	....	....
Naugatuck	13,714	....	....	1	....	1	....	....	3	....	....
Wallingford (town and boro)	11,916	....	....	....	....	12	....	....	2	....	....
Milford	11,095	....	....	3	....	1	....	....	2	....	5
Derby	10,302	1	....	2	....	2	....	....	....	....	....
Hamden	9,952	....	....	2	....	2	....	....	....	....	4
Branford (town and boro)	7,134	....	1	....	....	....	....	....	....	2	....
Seymour	6,853	....	....	2	....	....	....	....	1	....	....
Towns under 5,000	25,077	....	2	2	2	....	....	....	1	1	5
FAIRFIELD CO.											
Bridgeport	157,238	....	7	11	1	35	1	....	18	4	67
Stamford (city and town)	43,428	....	....	8	....	1	....	....	5	....	2
Norwalk	29,100	....	1	2	....	....	....	....	2	....	....
Danbury (city and town)	28,154	....	....	....	....	....	....	....	1	....	1
Greenwich (town and boro)	18,779	....	2	2	....	....	....	....	2	15	3
Stratford	14,384	....	....	....	....	6	....	....	....	....	1
Fairfield	12,187	....	....	....	....	....	....	....	....	....	....
Shelton	9,222	1	....	2	....	1	....	....	....	5	....
Darien	8,764	....	....	1	....	2	....	....	....	2	....
Westport	5,359	1	....	....	....	2	....	....	....	1	1
Towns under 5,000	25,867	....	....	....	....	....	....	....	3	3	1
HARTFORD CO.											
Hartford	134,155	1	160	37	2	27	1	....	22	6	33
New Britain	61,051	....	26	17	3	7	....	....	4	7	1
Bristol (city and town)	19,777	....	....	4	....	2	....	....	1	2	1
Manchester	19,590	....	10	8	....	....	....	....	....	19	1
Enfield	12,311	....	....	1	....	2	....	....	....	2	....
East Hartford	11,331	....	1	2	....	....	....	....	....	1	2
Southington (town and boro)	9,867	....	....	....	....	2	....	....	3	....	1
West Hartford	7,685	....	21	3	....	6	....	....	1	....	3
Winsdor	6,808	....	14	....	....	1	....	....	....	....	....
Glastonbury	6,608	....	....	....	....	....	....	....	....	....	....
Berlin	5,562	....	....	....	....	1	....	....	1	....	....
Towns under 5,000	49,950	....	12	5	....	....	....	....	2	....	7
NEW LONDON CO.											
Norwich (city and town)	30,040	....	....	4	....	5	....	....	6	9	3
New London	27,669	....	....	4	....	31	....	....	6	21	2
Stonington (town and boro)	11,006	....	....	1	....	5	....	....	....	....	1
Groton (town and boro)	7,822	....	1	....	....	3	....	....	....	11	10
Towns under 5,000	30,436	....	2	....	5	18	1	....	20	9	13
LITCHFIELD CO.											
Torrington (town and boro)	22,693	....	....	....	....	....	....	....	....	....	1
Winchester (inc. Winsted)	9,789	....	....	....	....	....	....	....	....	....	....
Plymouth	7,234	....	....	2	....	....	....	....	....	3	....
Watertown	6,562	....	2	3	7	2	....	....	....	25	..
New Milford	5,156	....	....	....	....	....	....	....	....	3	....
Towns under 5,000	31,555	....	7	....	3	1	....	....	3	19	8
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	....	....	1	....	6	....	....	....	....	....
Putnam (city and town)	8,870	....	....	....	....	....	....	....	3	....	....
Plainfield	8,344	....	....	2	....	4	....	....	1	....	....
Killingly (inc. Danielson)	7,736	....	....	....	5	....	....	....	....	1	1
Towns under 5,000	15,187	....	17	4	....	1	....	....	....	....	1
MIDDLESEX CO.											
Middletown (city and town)	27,980	....	20	6	....	7	....	....	....	....	....
Towns under 5,000	26,941	....	9	2	8	2	....	....	3	9	3
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	....	....	....	....	....	....	....	....	....	....
Stafford (town and boro)	6,207	....	1	....	....	....	....	....	1	2	2
Towns under 5,000	14,082	....	9	3	....	....	....	....	....	2	....

* Excluding Influenza

January 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2793	110	808	2424	19.8	1.5	101.9	315	137	501
Ansonia	17,459	50	1	11	27	18.5	2.0	88.0	4	3	4
Berlin	5,562	3	1	1	6	12.9	.....	123.7	1	....	....
Branford	7,134	12	....	....	6	10.0	5.0	100.8	1	....	2
Bridgeport	157,238	390	17	120	273	20.8	1.6	107.4	44	12	47
Bristol	19,777	51	....	10	26	15.7	2.4	42.9	2	2	3
Danbury	28,154	43	2	9	51	21.7	0.8	199.5	8	....	15
Darien	8,764	3	....	....	15	20.5	.....	210.5	1	....	7
Derby	10,302	42	2	8	17	19.8	.....	111.5	5	2	1
East Hartford	11,331	15	2	5	15	15.8	1.0	53.3	1	....	4
Enfield	12,311	26	....	10	13	12.6	0.9	62.6	2	2	1
Fairfield	12,187	11	2	3	8	7.8	.....	.....	....	1	2
Glastonbury	6,608	13	....	2	7	12.7	1.8	.....	..	....	1
Greenwich	18,779	35	....	19	31	19.8	1.2	118.1	5	3	4
Groton	7,822	15	....	3	16	24.5	3.0	65.9	1	1	4
Hamden	9,952	11	....	5	12	14.4	1.2	55.5	1	2	1
Hartford	134,155	324	15	100	304	27.1	1.9	114.2	41	27	48
Killingly	7,736	18	....	5	6	9.3	1.5	178.2	3	....	2
Manchester	19,590	40	4	10	28	17.1	0.6	59.5	2	2	6
Meriden	32,800	81	....	15	71	25.9	3.6	68.3	5	6	16
Middletown	27,980	34	1	14	60	25.7	0.4	153.6	8	2	15
Milford	11,095	20	2	2	17	18.3	1.0	181.8	3	....	5
Naugatuck	13,714	26	....	7	15	13.1	4.3	36.6	1	1	3
New Britain	61,051	140	5	27	54	10.6	1.3	51.6	9	6	8
New Haven	168,132	395	13	112	296	21.1	2.1	118.4	48	20	52
New London	27,669	48	5	28	86	37.2	1.7	80.3	5	5	11
New Milford	5,156	10	....	....	9	20.9	.....	.....	....	2	2
Norwalk	29,100	29	1	19	51	21.0	2.8	194.9	9	....	14
Norwich	30,040	61	5	28	67	26.7	0.3	169.2	11	3	21
Orange	17,206	27	1	8	27	18.8	5.5	148.6	4	....	7
Plainfield	8,344	11	....	1	7	10.0	.....	.....	....	1	2
Plymouth	7,234	9	....	5	6	9.9	.....	88.8	1	....	2
Putnam	8,870	13	3	7	18	24.3	2.7	54.7	1	....	5
Seymour	6,853	13	1	4	7	12.2	.....	111.6	2	1	2
Shelton	9,222	16	1	6	20	26.0	.....	47.2	1	1	....
Southington	9,867	13	....	4	5	6.0	.....	111.1	2	....	1
Stafford	6,207	4	....	1	4	7.7	1.9	.....	....	....	....
Stamford	43,428	56	3	25	78	21.5	0.2	62.5	6	5	17
Stonington	11,006	20	1	2	29	31.6	2.1	368.4	7	1	5
Stratford	14,384	25	1	3	14	11.6	.....	43.0	1	....	3
Torrington	22,693	39	....	10	25	13.2	2.6	19.1	1	1	7
Vernon	8,889	11	1	14	13	17.5	2.6	153.8	2	1	5
Wallingford	11,916	26	2	6	16	16.1	.....	.....	....	1	3
Waterbury	107,151	219	6	70	172	19.2	1.9	135.6	34	10	24
Watertown	6,562	8	1	1	13	23.7	3.6	120.0	1	....	1
West Hartford	7,685	20	....	5	11	17.1	.....	292.6	4	1	2
Westport	5,359	5	....	....	7	15.6	.....	.....	....	....	1
Winchester	9,789	15	1	1	16	19.6	.....	98.3	2	....	4
Windham	14,194	32	1	7	21	17.7	.....	86.3	3	....	8
Windsor	6,808	6	....	1	7	12.3	.....	133.3	1	....	4
Towns under 5,000	219,095	259	9	54	321	17.5	1.1	73.7	21	12	99

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
1	**9**	**4**	**2**	**21**	**755**	**192**	**32**	**103**	**3**	....	**234**	**27**	**16**	**85**	**14**	**2**	**708**	**313**
...	...	...	...	...	7	1	...	1	...	...	2	3	1	...	1	...	1	...
...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	...	...	1	1
...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	87	18	4	11	...	...	31	4	4	7	3	...	117	18
...	...	...	...	2	8	2	1	...	...	...	...	2	2	3	...	...	...	...
...	...	...	...	...	16	2	1	2	1	...	...	...	1	6	...	...	10	5
...	...	...	...	...	4	...	...	1	...	...	3	...	...	...	...	...	4	4
...	...	...	...	...	5	...	1	1	...	...	2	...	...	1	...	...	5	3
...	...	...	...	...	3	1	...	...	...	...	3	...	...	1	...	...	...	...
...	...	...	...	1	6	1	...	...	1	...	...	...	...	...	...	...	1	...
...	...	...	...	...	3	...	...	1	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	10	2	1	6	...	...	3	...	...	...	...	...	8	1
...	...	...	...	...	6	1	...	...	...	...	...	...	...	1	...	...	1	...
...	...	...	...	...	3	1	...	1	...	...	1	...	...	2	...	...	...	1
...	6	2	1	2	95	11	5	12	1	...	36	5	...	11	1	...	155	71
...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	19	1	1	...	...	...	1	...	...	1	...	1	...	...
...	...	...	...	...	18	16	...	5	...	...	5	...	1	1	...	...	25	18
...	2	...	...	1	18	7	...	3	...	...	1	...	1	2	...	...	30	22
...	...	...	...	...	4	1	1	2	...	...	1	...	...	...	...	...	...	1
...	...	...	...	...	...	3	...	1	...	...	1	1	1	1	...	...	...	...
...	...	...	...	2	22	3	...	1	...	...	5	1	1	3	...	...	13	1
1	...	...	...	3	103	20	7	11	...	...	22	3	1	9	2	...	100	23
...	...	...	...	2	44	3	...	2	...	...	7	...	...	3	...	...	32	9
...	...	...	...	...	3	...	1	...	...	...	1	...	...	1	...	...	...	...
...	...	...	...	...	11	7	...	4	...	...	6	...	...	1	...	...	8	2
...	...	1	...	...	16	4	2	3	...	...	13	1	1	3	...	...	21	13
...	...	...	...	...	4	8	...	1	...	...	3	...	...	1	...	...	8	2
...	...	...	...	1	2	...	...	...	...	...	1	...	...	1	...	...	...	...
...	...	...	...	...	4	...	...	1	...	...	1	...	...	...	...	...	...	1
...	...	...	...	...	3	2	...	2	...	...	3	...	...	2	...	...	7	7
...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	2	14	...	...	...	...	1	...	...	...	1	...	14	14
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	1	1	...	...	...	...	1	...	...	...	...	...	2	...
...	...	...	...	1	32	1	1	...	...	...	12	...	1	1	...	...	30	9
...	...	...	...	1	10	2	...	...	...	...	3	...	...	...	1	...	...	2
...	...	...	...	...	5	...	...	3	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	10	2	...	1	...	...	3	...	...	...	...	...	7	1
...	...	...	...	...	3	2	...	...	...	...	2	...	...	...	...	...	...	1
...	...	...	...	3	6	...	...	1	...	...	1	...	...	1	...	...	1	1
...	1	...	1	2	50	11	1	3	...	...	13	1	1	8	1	1	39	7
...	...	...	...	...	9	2	...	1	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	1	...	...	1	...	...	4	1	...	...	...	...	6	1
...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	1	...	1	1
...	...	...	...	...	4	1	1	1	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	10	6
...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	1
...	...	1	...	...	88	39	2	18	...	...	34	4	...	10	3	...	49	64

I AM THE ENEMY OF MANKIND

I have destroyed more lives than all the wars of the world.

I kill more than 600,000 people in the United States each year.

I levy and collect a yearly toll of more than a billion dollars in the United States alone.

I wreck homes and snatch babes from mothers' breasts.

I spread misery and desolation as I pass and leave despair in my wake.

I cause commerce to stand still. I depopulate cities and destroy nations.

I am relentless, seeking alike the rich and poor. Weak and strong, young and old are my victims.

I bring pain, sickness, death — yet how few seek to escape me!

I am an abiding proof of human stupidity.

I am PREVENTABLE DISEASE.

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CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

APRIL, 1919

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CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

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The Epidemic of Influenza in Connecticut

The beginning of the influenza epidemic in Connecticut occurred in New London, in the eastern part of the state, about September 1, 1918, when several cases were reported by the naval hospital located there. These cases originated at the Experimental Station and Fort Trumbull where vessels from foreign ports had discharged patients. Within a day or two several cases were brought to the hospital from the submarine base located two miles above New London. During the first ten days of September about one hundred cases were sent to the New London naval hospital.

On September 9, three cases were reported among the civilian population adjoining Fort Trumbull, all of which were among employees in the Fort. From September 12 onward many cases were reported, especially from the government station on the State Pier, where three hundred men from the Boston Navy Yard had arrived September 10. Nearly seven thousand of the naval men in the New London district were billeted in civilian homes, and the disease became generally prevalent among the civilians before the end of the month. The total number of civilian cases reported in New London for September was 901; for October, 936. No reports or statistics were furnished by the naval department after the first few cases.

Although the disease appears to have been primarily introduced into Connecticut by ships arriving at New London from abroad and by men coming there from the Boston Navy Yard, numerous foci developed in various parts of the state about the middle of September, the source of which was traced to other military establishments, principally Camp Devens, Mass. The towns of Wallingford, Windham, Hartland, Rockville and Danbury were among the earliest affected, and in each of them a definite history was obtained showing the development of the disease within two or three days following visits of soldiers from Camp Devens.

The wave of the infection in Connecticut was from east to west, reaching its peak in the eastern section about October 4, in the central area October 15, and in the western district about October 24. These dates are based on the morbidity and mortality reports from the various counties. The towns early infected by visitors from military establishments passed the climax sooner than surrounding towns.

Influenza was made a reportable disease in New London County on September 12, and for the entire state on September 18, 1918, and active measures were adopted immediately by the State Department of Health to warn the public, through the press and by posters, of the serious nature of the spreading epidemic.

The policy of keeping schools and theatres open under certain restrictions was advocated. Not all cities continued to observe this policy, but in those which did, namely, Bridgeport, Hartford and New Haven, the course of the epidemic was less explosive and more extended, thus permitting more individual medical attention and resulting in a lower mortality rate. The following table shows the death rates of Bridgeport, New Haven and Hartford in comparison with those of the cities most severely affected. It covers the period from September 1 to December 28, and shows the number of deaths per thousand population:

Bridgeport,	5.7	Seymour,	11.4
New Haven,	6.0	Willimantic,	10.7
Hartford,	7.0	Naugatuck,	9.2
		Waterbury,	8.8
		Meriden,	8.4
		New Britain,	7.9

During the epidemic 101 nurses and 48 physicians, secured from outside sources, were sent to the neediest parts of the state. Thirty-five emergency hospitals were either established, supervised or assisted by the State Department of Health.

About four thousand doses of influenza vaccine were administered, mostly in institutions and factories, but a lack of reports made it impossible to form any definite conclusions regarding the efficacy of this form of treatment.

The accompanying charts and table cover the period from September 1 to December 28, 1918, for the entire state, and they show the reported cases of influenza by weeks (Fig. 1); reported deaths from influenza and pneumonia by weeks (Fig. 2); deaths from influenza and pneumonia by age groups (Fig. 3); and the number of influenza and pneumonia deaths, with death rate, in individual towns of more than 5,000 population (Fig. 4).

While these tables illustrate the course of the epidemic during its most violent period, they do not show its full effects, for many thousands of cases, resulting in upwards of two thousand deaths, occurred in this state during the first four months of the present year. Many months must elapse before fully authenticated death reports will enable the State Department of Health to compile complete and accurate data of Connecticut's toll in the great pandemic.

* *

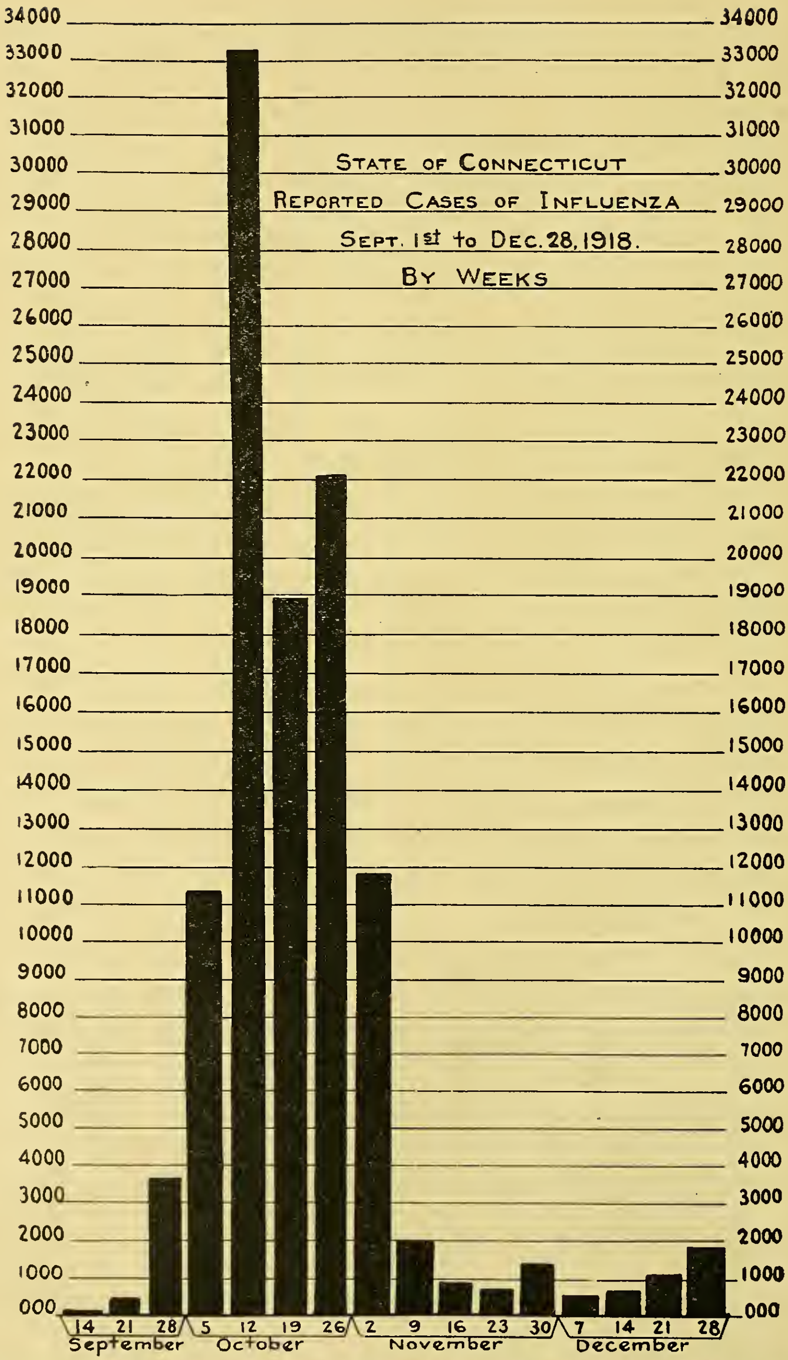

Fig. 1—Reported Cases of Influenza, Sept. 1 to Dec. 28, 1918

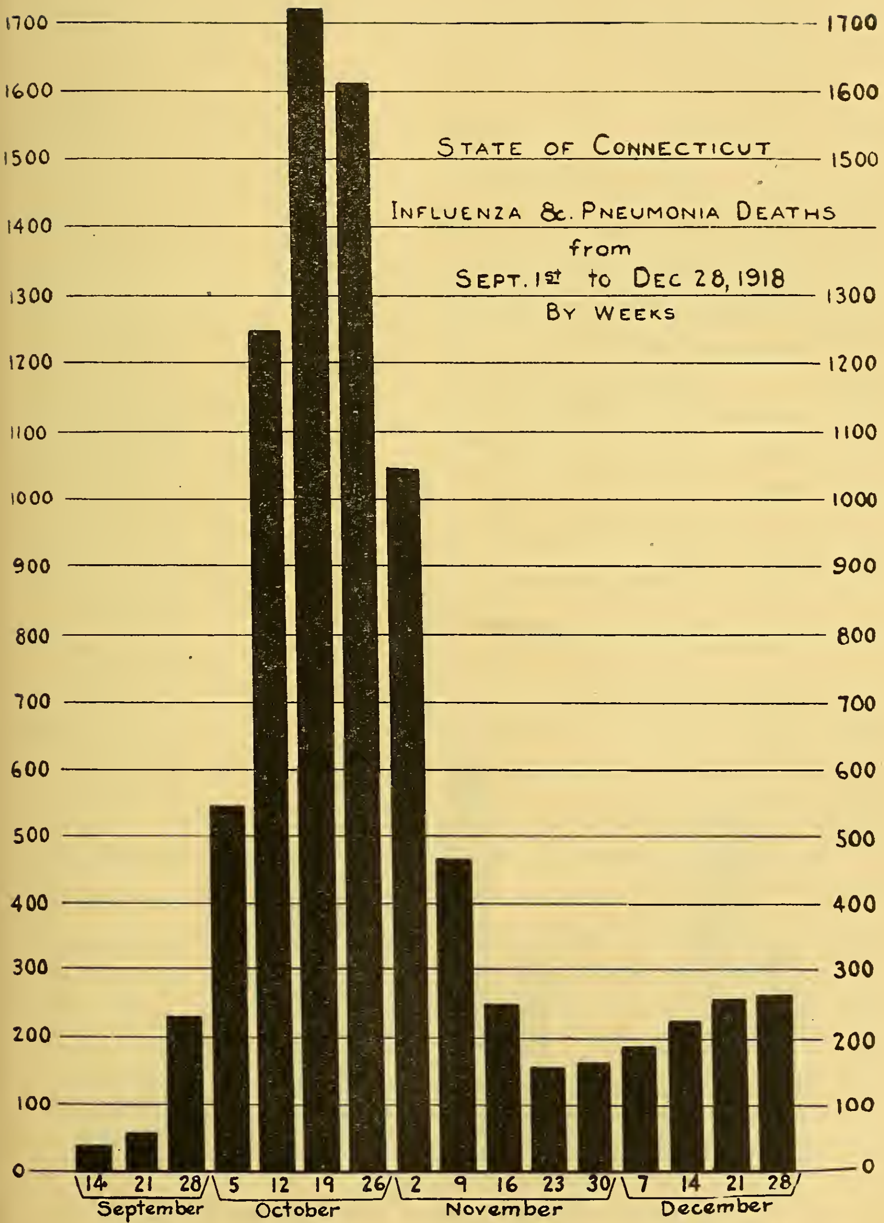

Fig. 2—Influenza and Pneumonia Deaths, Sept. 1 to Dec. 28, 1918

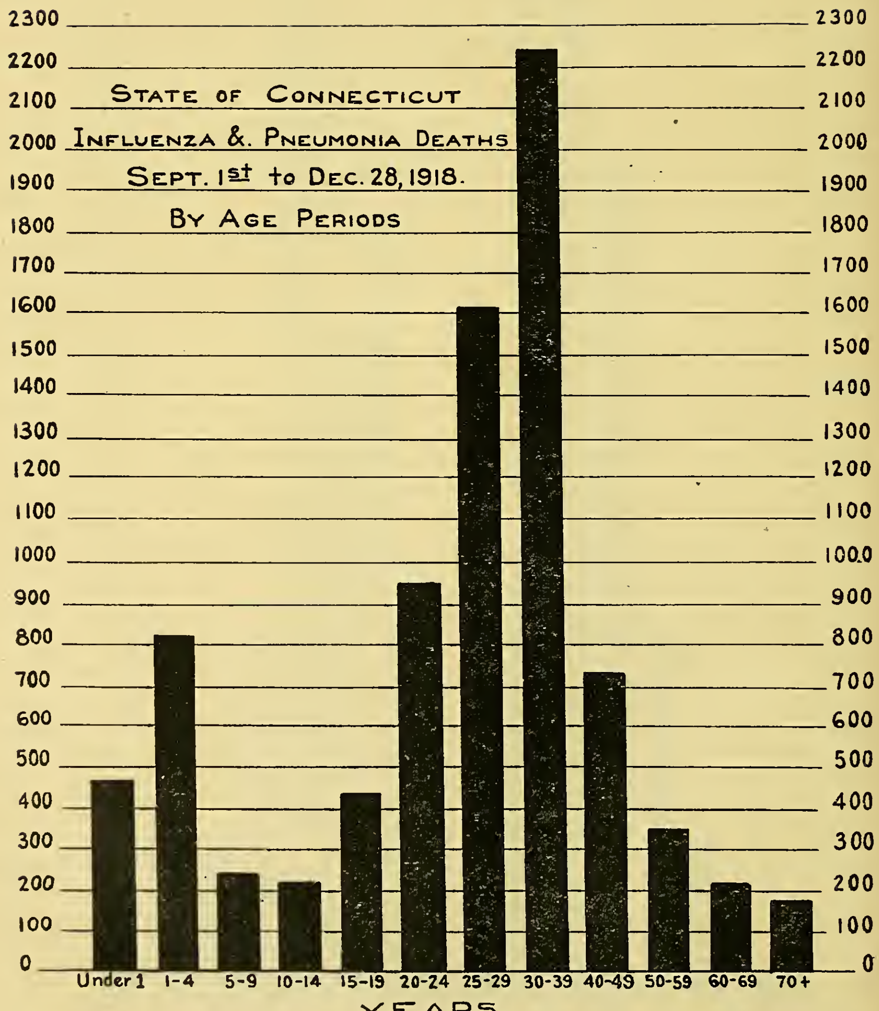

Fig. 3—Influenza and Pneumonia Deaths by Age Periods

Deaths from Influenza and Pneumonia
September 1 to December 28, 1918, by Towns and Months.

Towns	Sept.	Oct.	Nov.	Dec.	Total	Death Rate per 1000 pop.
Ansonia........	14	87	20	11	132	7.5
Berlin..........	1	10	6	2	19	3.5
Branford.......	1	10	22	1	34	4.7
Bridgeport.....	12	361	406	91	870	5.7
Bristol.........	2	88	16	7	113	5.7
Danbury.......	1	70	34	14	119	4.9
Darien.........	....	4	7	2	13	1.5
Derby.........	8	104	17	4	133	13.1
East Hartford..	2	21	9	3	35	3.2
Enfield.........	....	29	20	8	57	4.8
Fairfield.......	1	16	33	9	59	4.9
Glastonbury....	....	4	5	4	13	2.0
Greenwich......	....	72	37	12	121	6.4
Groton.........	6	26	11	8	51	7.0
Hamden.......	....	22	11	2	35	3.7
Hartford.......	51	550	203	108	912	7.0
Killingly.......	5	22	6	1	34	4.5
Manchester.....	....	44	9	8	61	3.6
Meriden.......	5	216	36	14	271	8.4
Middletown....	7	131	49	26	213	7.9
Milford........	1	10	9	5	25	2.4
Naugatuck.....	1	104	14	8	127	9.2
New Britain....	7	342	81	36	466	7.9
New Haven....	18	479	324	151	972	6.0
New London...	51	142	28	14	235	9.1
New Milford...	....	9	7	....	16	3.0
Norwalk.......	1	97	55	22	175	6.1
Norwich.......	39	161	12	11	223	7.6
Orange.........	1	37	16	21	75	4.5
Plainfield.......	1	18	7	....	26	3.1
Plymouth......	....	31	7	5	43	5.9
Putnam........	2	24	18	3	47	5.6
Seymour.......	....	59	12	2	73	11.4
Shelton........	7	29	5	3	44	5.1
Southington....	1	17	22	7	47	5.0
Stafford........	....	4	6	2	12	1.9
Stamford.......	2	136	56	43	237	5.8
Stonington.....	3	31	2	11	47	4.4
Stratford.......	1	16	19	6	42	3.2
Torrington.....	....	43	48	35	126	5.8
Vernon........	....	53	10	4	67	7.5
Wallingford....	6	36	3	2	47	3.9
Waterbury.....	10	654	178	55	897	8.8
Watertown.....	....	22	7	3	32	5.2
West Hartford..	....	32	10	12	54	7.2
Westport.......	....	16	4	7	27	5.0
Winchester.....	1	33	15	4	53	5.3
Windham......	17	127	2	6	152	10.7
Windsor.......	1	13	13	2	29	4.4
Towns under 5000.........	36	454	166	121	777	3.6
Total for State	**323**	**5116**	**2115**	**934**	**8488**	**6.0**

Fig. 4

The Visible and the Invisible Toll of Influenza

The epidemic of influenza was a blasting thing, many times more devastating than the war. It was proportionately as harmful to the population of Connecticut as was any year of the war to any of the belligerents engaged. Consideration of the effect of the epidemic must not stop with the mere enumeration of the deaths. Its sinister characteristic was that it took the strong and the able. It took the potential fathers and mothers. Passing lightly the very young and almost ignoring the old, it aimed straight at the very flower of the flock, selecting the ones on whom the race depends for its present economic strength and its future replacement.

The following table, which compares by age groups the deaths in Connecticut from all causes during the last seventeen weeks of 1918 and the corresponding period of 1917, shows forcibly the havoc wrought among those at the age where life has its greatest value to the family and the nation:

Deaths from All Causes for Period September 1 to December 28, 1918, Compared with Same Period 1917.

AGE GROUPS	Total Deaths Sept. 1 to Dec. 28 All Causes		Excess Deaths in	Deaths from Influenza and Pneumonia 1918	Percentage of each age group to total deaths	
	1917	1918	1918		1917	1918
Under 1 year,	1,091	1,505	414	474	18.2	10.7
1–4 years,	409	1,111	702	816	6.8	7.9
5–9 years,	136	366	230	245	2.3	2.6
10–14 years,	76	295	219	218	1.1	2.1
15–19 years,	108	571	463	433	1.8	4.1
20–24 years,	186	1,130	944	962	3.1	8.1
25–29 years,	202	1,831	1,629	1,602	3.4	13.0
30–39 years,	470	2,688	2,218	2,243	7.8	19.1
40–49 years,	571	1,275	704	732	9.5	9.1
50–59 years,	672	991	319	361	11.2	7.1
60–69 years,	840	924	84	215	13.9	6.6
70 yrs. and over,	1,242	1,370	128	186	20.6	9.7

The total number of deaths in this period of 1917 was 6,003; in 1918, 14,057, an increase of 8,054. The heaviest toll fell upon those between the ages of 20 and 40 years. The total deaths among this group in 1917, for the period covered by the table, was 858; in 1918, 5,649. This represents nearly 60% of all the deaths resulting from influenza and pneumonia.

Statistics show the visible effects of the epidemic, but they cannot show its effect on the birth rate, which is the vital and fundamental fact of racial and national life. The vast army of the unborn, lost to the race by the deaths of potential parents, must be accounted the great invisible toll of the epidemic. A person dying during the age of fecundity may figure on the deficit side of population statistics for a period of twenty-five or thirty years; a baby not born figures for fifty or sixty years. The sum of the dead, ghastly as it is in a human way, and devastating as it is in an economic way, is negligible in the life of the state compared to the effect of influenza on our future birth rate.

* * *

The great outstanding fact of the epidemic is this:

Despite the frightful toll of Influenza, the death rate for the year 1918 was no higher than in the years before the various states had established special departments to safeguard the public health.

* * *

Monthly Statistics

FEBRUARY — For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS, *Birth Rate,*	2414 23.6	2770 26.8	2880 27.3	2717 23.1	2782 22.7
MARRIAGES, *Marriage Rate,*	733 7.1	1083 10.4	1071 10.1	826 7.0	843 6.9
DEATHS, *Death Rate,*	1450 14.2	1769 17.1	1818 17.2	1710 14.5	1765 14.4
COMMUNICABLE DISEASES,* DEATHS, *Per Cent to Total Deaths,*	216 14.8	284 16.0	266 14.6	245 14.3	479 27.1
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	269 101.1	257 94.2	294 102.2	339 108.3	286 92.5

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Including Influenza

Laboratory Statistics — February, 1919

Diagnostic Division

Typhoid,	11
Diptheria:	
Diagnosis,	208
Release,	428
Diptheria Carriers:	
Diagnosis,	59
Release,	107
Tuberculosis,	135
Syphilis,	514
Gonorrhœa,	58
Glanders,	5
Pneumonia:	
Type IV,	4
Malaria,	1
Rabies,	8
Paratyphoid A,	11
Paratyphoid B,	11
Diptheria virulence,	11
Feces for Typhoid,	4
	1,575

Chemical Division

Water,	49
Milk,	144
	193

Special Division

Bacterial Analyses,	100
Sanitary Chemical,	99
Trade Wastes,	11
	210

Total All Laboratories, 1,978

Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases *
State Total	**1,464,360**	**6**	**671**	**242**	**45**	**258**	**3**	**1**	**175**	**84**	**3 29**
NEW HAVEN CO.											
New Haven	168,132	3	81	15	6	25	1	....	32	....	46
Waterbury	107,151	....	13	23	....	18	1	....	10	13	31
Meriden (city and town)	32,800	1	....	11	....	10	....	....	4	1	....
Ansonia	17,459	....	....	2	2	1	....	....	1	....	11
Orange (inc. West Haven)	17,206	....	....	2	....	3	....	....	2	....	....
Naugatuck	13,714	....	....	1	....	2	....	....	2	....	6
Wallingford (town and boro)	11,916	....	....	....	....	7	....	....	1	....	....
Milford	11,095	....	....	2	....	....	....	....	1	....	7
Derby	10,302	....	....	....	....	3	....	....	2	....	....
Hamden	9,952	....	....	1	....	2	....	....	....	....	3
Branford (town and boro)	7,134	....	1	1	....	2	....	....	....	1	....
Seymour	6,853	....	....	2	....	....	....	....	1	....	1
Towns under 5,000	25,077	....	1	4	....	....	....	....	2	....	1
FAIRFIELD CO.											
Bridgeport	157,238	....	52	9	2	52	....	1	19	1	83
Stamford (city and town)	43,428	....	....	11	....	....	....	....	7	....	2
Norwalk	29,100	....	....	3	....	6	....	....	4	....	....
Danbury (city and town)	28,154	1	....	....	....	1	....	....	1	....	1
Greenwich (town and boro)	18,779	....	....	15	....	2	....	....	1	13	4
Stratford	14,384	....	1	....	....	10	....	....	2	1	3
Fairfield	12,187	....	....	....	....	....	....	....	....	....	....
Shelton	9,222	....	23	....	....	7	....	....	1	....	....
Darien	8,764	....	....	....	....	....	....	....	....	....	1
Westport	5,359	....	....	....	....	1	....	....	....	....	....
Towns under 5,000	25,867	....	9	....	....	....	1	....	4	2	1
HARTFORD CO.											
Hartford	134,155	....	212	33	4	37	....	....	25	4	33
New Britain	61,051	....	91	21	....	5	....	....	8	5	17
Bristol (city and town)	19,777	....	....	10	....	5	....	....	2	3	3
Manchester	19,590	....	7	10	....	....	....	....	3	2	4
Enfield	12,311	....	....	2	....	....	....	....	....	....	....
East Hartford	11,331	....	2	....	....	....	....	....	....	1	....
Southington (town and boro)	9,867	....	....	3	....	2	....	....	....	....	....
West Hartford	7,685	....	27	7	9	1	....	....	1	....	5
Winsdor	6,808	....	....	....	....	2	....	....	....	....	....
Glastonbury	6,608	....	29	2	....	....	....	....	....	....	....
Berlin	5,562	....	....	1	....	....	....	....	....	2	....
Towns under 5,000	49,950	....	5	7	....	1	....	....	3	5	3
NEW LONDON CO.											
Norwich (city and town)	30,040	....	....	3	....	7	....	....	8	1	2
New London	27,669	....	....	7	....	21	....	....	4	3	3
Stonington (town and boro)	11,006	....	....	....	....	2	....	....	2	3	5
Groton (town and boro)	7,822	1	....	....	....	4	....	....	....	4	8
Towns under 5,000	30,436	....	....	4	16	9	....	....	11	5	11
LITCHFIELD CO.											
Torrington (town and boro)	22,693	....	....	....	....	....	....	....	....	....	....
Winchester (inc. Winsted)	9,789	....	....	....	....	....	....	....	....	....	....
Plymouth	7,234	....	....	2	....	1	....	....	....	....	....
Watertown	6,562	....	1	1	....	1	....	....	....	....	1
New Milford	5,156	....	....	....	....	....	....	....	....	3	....
Towns under 5,000	31,555	....	21	5	3	....	....	....	1	7	22
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	....	....	....	....	3	....	....	2	....	1
Putnam (city and town)	8,870	....	....	....	3	....	....	....	2	....	....
Plainfield	8,344	....	....	....	....	....	....	....	1	....	....
Killingly (inc. Danielson)	7,736	....	....	....	....	....	....	....	2	....	....
Towns under 5,000	15,187	....	....	2	....	1	....	....	1	1	2
MIDDLESEX CO.											
Middletown (city and town)	27,980	....	46	6	....	1	....	....	1	....	1
Towns under 5,000	26,941	....	46	14	....	2	....	....	....	2	6
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	....	....	....	....	1	....	....	....	....	....
Stafford (town and boro)	6,207	....	....	....	....	....	....	....	....	....	1
Towns under 5,000	14,082	....	3	....	....	....	....	....	1	1	....

* **Excluding Influenza**

February 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2782	102	843	1765	14.4	0.9	92.5	286	108	438
Ansonia	17,459	47	1	13	16	10.9	.....	110.0	5	3	2
Berlin	5,562	6	....	3	6	12.9	.....	123.7	1	....	3
Branford	7,134	15	....	1	3	5.0	1.6	201.6	2	....	....
Bridgeport	157,238	398	9	111	227	17.3	1.2	107.4	44	14	32
Bristol	19,777	38	4	11	14	8.4	.....	64.4	3	1	4
Danbury	28,154	25	2	5	30	12.7	0.8	.....	....	2	13
Darien	8,764	3	....	1	3	4.1	.....	.....	....	....	3
Derby	10,302	55	1	12	20	23.2	.....	66.9	3	2	2
East Hartford	11,331	14	1	3	14	14.8	2.1	106.6	2	1	6
Enfield	12,311	19	....	14	12	11.6	0.9	31.3	1	....	3
Fairfield	12,187	21	....	2	12	11.8	.....	157.2	3	1	4
Glastonbury	6,608	9	....	1	4	7.2	.....	.....	....	....	2
Greenwich	18,779	28	1	16	13	8.3	0.6	70.8	3	....	3
Groton	7,822	14	....	6	12	18.4	.....	65.9	1	....	5
Hamden	9,952	14	1	4	7	8.4	.....	.....	....	1	2
Hartford	134,155	324	22	113	220	19.6	1.7	122.5	44	15	44
Killingly	7,736	13	1	4	13	20.1	.....	118.8	2	2	4
Manchester	19,590	31	....	9	12	7.3	1.2	29.7	1	3	4
Meriden	32,800	54	4	22	63	23.0	0.7	54.6	4	2	15
Middletown	27,980	46	....	14	39	16.7	1.2	115.2	6	1	12
Milford	11,095	11	2	4	17	18.3	.....	303.0	5	1	4
Naugatuck	13,714	24	....	18	17	14.8	1.7	73.3	2	1	2
New Britain	61,051	171	8	32	64	12.5	0.9	91.7	16	7	16
New Haven	168,132	391	10	119	185	13.2	0.8	83.8	34	12	42
New London	27,669	62	4	25	39	16.9	1.3	16.0	1	....	13
New Milford	5,156	1	....	....	6	13.9	.....	160.0	1	....	2
Norwalk	29,100	41	2	9	32	13.1	2.8	43.3	2	1	10
Norwich	30,040	67	2	20	51	20.3	1.5	46.1	3	3	13
Orange	17,206	26	....	6	12	8.3	.....	37.1	1	1	2
Plainfield	8,344	12	1	1	4	5.7	.....	.....	....	1	1
Plymouth	7,234	10	....	11	2	3.3	.....	.....	....	....	1
Putnam	8,870	11	....	16	13	17.5	.....	109.5	2	1	4
Seymour	6,853	10	....	4	7	12.2	.....	111.6	2	....	2
Shelton	9,222	14	3	5	18	23.4	.....	94.4	2	....	4
Southington	9,867	16	....	3	5	6.0	1.2	.....	....	....	3
Stafford	6,207	11	....	2	8	15.4	1.9	87.5	1	....	2
Stamford	43,428	55	3	31	50	13.8	0.5	83.4	8	1	19
Stonington	11,006	10	....	8	8	8.7	1.0	52.6	1	....	2
Stratford	14,384	27	1	6	13	10.8	.....	.....	....	2	4
Torrington	22,693	42	1	4	16	8.4	1.0	115.0	6	2	1
Vernon	8,889	13	1	4	8	10.7	2.6	76.9	1	....	3
Wallingford	11,916	14	4	1	11	11.0	.....	138.4	3	....	6
Waterbury	107,151	221	6	65	125	13.9	1.0	107.7	27	10	18
Watertown	6,562	12	....	2	15	27.4	.....	.....	....	1	1
West Hartford	7,685	15	2	2	17	26.5	1.5	878.0	12	2	2
Westport	5,359	10	....	2	4	8.9	.....	115.3	1	....	2
Winchester	9,789	17	....	4	13	15.9	.....	49.1	1	2	4
Windham	14,194	27	....	10	14	11.8	0.8	57.5	2	1	1
Windsor	6,808	5	....	1	5	8.8	.....	133.3	1	....	3
Towns under 5,000	219,095	262	5	63	246	13.4	0.9	91.3	26	11	88

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
2	11	7	5	22	309	121	20	100	2	....	225	16	17	86	19	2	475	226
....	....	....	1	....	3	....	....	....	....	....	3	....	....	1	....	....	....	....
....	....	....	....	....	1	....	....	....	....	....	1	....	....	1	....	....	....	1
....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....
....	....	....	....	5	49	10	4	9	2	....	43	4	1	14	6	....	89	12
....	....	....	....	....	3	1	....	1	....	....	2	....	....	....	....	....	....	2
1	....	....	....	....	1	2	....	6	....	....	2	....	....	....	1	....	6	4
....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2	2
....	....	....	....	....	6	....	....	1	....	....	1	....	1	1	1	....	4	5
....	....	....	....	....	2	1	....	2	....	....	5	....	....	....	....	....	....	2
....	....	....	....	....	1	1	....	1	....	....	3	....	....	....	....	....	....	....
....	....	....	....	....	1	....	1	1	....	....	3	....	....	....	....	....	....	....
....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....
....	....	....	....	....	3	1	....	2	....	....	1	....	....	....	....	....	4	2
....	....	....	....	....	4	....	....	1	....	....	1	....	....	....	....	....	....	....
....	....	....	....	1	1	....	....	....	....	....	1	....	....	....	....	....	....	....
....	4	5	1	4	42	17	1	15	....	....	26	1	5	9	1	....	113	52
....	....	....	1	....	1	....	....	1	....	....	2	....	....	....	2	....	1	....
....	1	....	....	....	1	2	1	....	....	....	2	....	....	1	....	....	....	....
....	....	....	....	....	18	11	1	2	....	....	6	2	....	3	....	....	22	12
....	....	1	....	....	3	5	1	1	....	....	5	....	....	3	....	....	24	22
....	....	....	....	....	4	....	....	1	....	....	....	....	....	....	....	1	....	....
....	....	....	....	....	7	2	....	....	....	....	2	....	....	1	....	....	....	....
....	....	1	....	1	10	3	....	5	....	....	7	....	1	2	....	....	12	3
1	1	....	1	1	23	7	4	14	....	....	22	3	2	9	2	....	65	14
....	....	....	....	....	6	2	....	2	....	....	3	....	2	5	....	....	13	8
....	....	....	....	....	1	....	....	....	....	....	2	....	....	....	....	....	....	....
....	....	....	....	....	7	5	....	....	....	....	6	....	....	....	....	....	2	8
....	....	....	....	2	8	6	....	....	....	....	7	....	....	2	....	....	19	4
....	....	....	....	....	6	....	....	....	....	....	2	....	....	1	....	....	5	1
....	....	....	....	....	3	....	....	....	....	....	1	....	....	....	....	....	....	....
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....	....	....	....	....	2	....	....	....	....	....	1	....	....	....	....	....	....	1
....	....	....	....	1	....	10	....	1	....	....	....	....	....	1	....	....	10	11
....	....	....	....	....	1	....	....	1	....	....	1	....	....	....	....	....	....	1
....	....	....	....	....	....	1	....	2	....	....	....	....	....	....	1	....	2	2
....	....	....	....	....	6	1	1	6	....	....	11	....	....	3	1	....	17	7
....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	1	2
....	....	....	....	1	3	....	....	....	....	....	4	....	....	....	....	....	....	....
....	....	....	....	....	3	2	....	1	....	....	2	....	....	1	1	....	2	1
....	....	....	....	....	....	1	....	1	....	....	1	1	....	1	....	....	....	....
....	....	....	....	1	....	....	....	2	....	....	1	....	....	....	....	....	....	....
....	....	....	....	4	29	6	2	4	....	....	12	2	4	8	1	1	35	8
....	....	....	....	....	11	....	1	....	....	....	....	....	....	1	....	....	....	....
....	....	....	1	....	....	1	....	....	....	....	7	2	....	....	....	....	....	8
....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	1
....	....	....	....	....	2	....	....	2	....	....	....	....	....	....	1	....	1	1
....	....	....	....	1	2	1	....	....	....	....	2	....	....	1	....	....	5	1
....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....
....	5	....	....	....	32	21	3	15	....	....	21	1	....	14	1	....	19	27

I AM THE CONQUERER OF PREVENTABLE DISEASE

I am mightier than all the nations of earth.

I banish plague and pestilence.

I convert fever-ridden jungles into health resorts.

I save thousands of lives each year.

I add years to the lives of thousands.

I am the peer of medicine and surgery.

I am the special guardian of the young and ignorant.

I bring cleanliness, good cheer and wholesome living.

I bring prosperity, make mankind happier.

I watch over the child in school, the worker at his tasks, the soldier in camp, the people at home.

I am necessary for all human progress.

I am SANITATION

WASHINGTON, D. C.

CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

MAY, 1919

In this Issue:

NEW PUBLIC HEALTH LAWS

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Telephone Charter 4080 or Charter 7121

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Telephone Charter 4081

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ALL CORRESPONDENCE, except for laboratory outfits, should be directed to THE STATE DEPARTMENT OF HEALTH, STATE CAPITOL, HARTFORD

CONNECTICUT
HEALTH BULLETIN
A Journal to Promote Public Health
Entered in the Post Office at Hartford as second class matter

Vol. 33 MAY, 1919 No. 5

Legislation

This issue of the BULLETIN contains some of the public health laws enacted by the legislature now in session. Other important bills on same subject are still pending, and it seems probable that most of them will receive favorable action.

It is gratifying to note the increased attention given to proposed health legislation by the members of the General Assembly. To a certain extent this may be accounted for by the impression made by the recent epidemic of influenza. Aside from that, however, there is a growing conviction in the public mind that good health, within certain natural limitations, is a purchasable commodity. Well-organized and well-surported health agencies are the only means of successfully combating costly and destructive preventable disease. Appropriations made for this purpose are wise investments of permanent value to the state.

Perhaps the most important legislation sought by the Department of Health this year relates to the establishment of a bureau of child hygiene and to venereal disease control. Both subjects are now receiving keen attention throughout the country. Child welfare work, beginning with pre-natal care of prospective mothers, is of incalculable value. The frightful and unnecessary scourges of venereal disease are only beginning to be appreciated in their true light.

Increased appropriations are being sought for every branch of the Department, and there seems little doubt but that they will be granted. There is no question as to the public demand for the service these funds will make possible.

The present General Assembly appears likely to establish a new record for wise, sane and progressive health legislation.

New and Amended Public Health Laws

Chapter 56. An Act Amending an Act Concerning Birth Certificates.

Section 329 of the general statutes is amended to read as follows: Every physician or midwife who shall have professional charge of the mother at the birth of any child shall, within ten days after such birth, and the father or mother of such child when no physician or midwife is employed, shall, within thirty days after such birth, furnish the registrar of the town in which such birth occurred, a certificate signed by such physician, midwife, father or mother, stating from the best information obtainable, the name, if such child have a name, the place and date of birth, the sex, the name of the father, the maiden name of the mother, the age, color, residence and birthplace of each of the parents, the occupation of the father, the number of the child and the name and address of the medical attendant.

Chapter 45. An Act Amending an Act Concerning Death Certificates.

Section 330 of the general statutes is amended to read as follows: The physician last in attendance upon a person in his last sickness, within twenty-four hours after the death of such person, or a medical examiner, in cases of which he has cognizance, after he has prepared to make his report, shall make out a certificate upon a blank furnished by the state department of health, stating the full name of the deceased, the disease of which he died, or the cause of death, defined so that such death can be classified under the international list of causes of death, and the duration of the disease if known; and said physician shall provide that such certificate may be obtained at his office upon application therefor. In case no physician attended such deceased person, or in case of the inability of the attending physician by reason of sickness, death or absence to make out such certificate, a near relative may procure such certificate from the health officer of the town, city or borough in which such person died. Said certificate, together with the undertaker's certificate herein provided for, shall be deposited with the registrar of the town in which said person died, to obtain a permit for burial or removal as provided in sections 332 and 339 of the general statutes. A certificate of death which does not define the disease or other cause of death as herein provided shall not be deemed sufficient upon which to issue a burial or removal permit, and such certificate shall be returned to the physician who made it for the proper correction and definition, unless it is specifically stated therein that the cause of death is not obtainable. The undertaker or person in charge of the burial of a deceased person shall make out a certificate upon a blank furnished by the state department of health stating the full name of the deceased; the date of death; the place of death, including street, number and ward, if any; the number of families in the house, if tenement; residence at time of death; occupation; condition, single, married, divorced or widowed, and if a wife or widow, of whom; date of birth; sex; color; birthplace; father's name in full; father's birthplace; mother's full maiden name; mother's birthplace; place of burial; from whom he received the information; whether or not the body was embalmed, and if so the name of the embalmer and the number of his license, which certificate shall be signed by such undertaker. Every person having in charge and preparing for burial the body of any deceased person who shall have died from cholera, yellow fever, diphtheria, membranous croup, typhus fever, typhoid fever, scarlet fever, measles, leprosy, small pox, or other pestilential disease, shall, where the same has not already been done, disinfect said body in accordance with the method which may from time to time be prescribed by the state department of health, or inclose it in an airtight coffin or case, hermetically sealed, and shall give to said registrar a certificate signed and sworn to by a licensed embalmer, stating that the said body has been disinfected or inclosed as herein provided. No burial permit shall be issued in any such case upon a certificate not so signed by a licensed embalmer. Any person who shall violate any provision of this section, or who shall knowingly sign a false certificate, shall be fined not more than twenty-five dollars.

Chapter 239. An Act Concerning Control of Communicable Diseases in Institutions.

Section 1. Any person who shall be confined or imprisoned in any state, county or city prison or other institution for a period of ten days or longer may be examined for any malignant, infectious or contagious disease, and, if found infected with any such disease, he shall be treated during the term of his confinement, and if not cured at the date of his discharge the local health officer shall be notified. The person in charge of every such prison or institution shall provide for such examination and necessary treatment of all persons admitted thereto.

Section 2. The state department of health may make such rules, regulations or orders as shall in its judgment be necessary to carry out the provisions of this act.

Section 3. This act shall take effect from its passage.

Chapter 109. An Act Amending an Act Concerning Appointment of Local Health Officers.

Section 2397 of the general statutes is amended to read as follows: The appointment of any town, borough or city health officer shall be filed with the state commissioner of health, by the person making such appointment, and each town, borough or city health officer, before entering upon the duties of his office, shall be sworn to the faithful discharge thereof.

Chapter 120. An Act Concerning the Registration of Persons Licensed to Practice the Healing Arts.

Section 1. Every person licensed under the provisions of the general statutes, or who may hereafter receive such license to practice medicine, surgery, midwifery, chiropractic, osteopathy, chiropody, optometry or nursing or any person licensed to use any means or agency to treat, prescribe for, heal or otherwise alleviate human ills, deformity, ailment or disease, shall annually, during the month of January, register with the state department of health, without fee, on blanks to be furnished by said department for such purpose, giving his name in full, residence and business address, provided nothing in this section shall be construed to include any person practicing dentistry or Christian science.

Section 2. Any person violating any provision of this act shall be fined not more than five dollars. The county health officer of the county within which such violation occurs shall prosecute therefor.

Chapter 127. An Act Concerning the Receipt of Money and Property by Gift from Sources Other than the State.

Section 1. The state department of health is authorized to receive, hold and use real estate, and to receive, hold, invest and disburse money, securities, supplies or equipment offered to it for the protection and preservation of the public health and welfare by the federal government, or by any person, corporation or association, provided such real estate, money, securities, supplies or equipment shall be used only for the purposes designated by said federal government, person, corporation or association, and provided such purposes are not contrary to the laws of this state.

Section 2. Said department shall include in its annual report as provided in section 2382 of the general statutes, an account of the property so received, the names of its donors, its location, the use made thereof, and the amount of unexpended balances on hand.

Chapter 329. An Act Concerning Exhibits Relating to Venereal Diseases.

Section 1. No person shall exhibit, or advertise to be exhibited, in any theatre, hall or other place of public amusement or entertainment, any stereoptican views or motion pictures in any way relating to the subject of venereal disease without first securing a written permit from the state commissioner of health for each such exhibition; and no person shall permit the exhibition of any such stereoptican views or motion pictures in any such building or place owned or controlled by him until such written permit has been secured.

Section 2. Any person violating the provisions of this act shall, for each offense, be fined not more than five hundred dollars or imprisoned not more than six months or both.

Section 3. This act shall take effect from its passage.

Chapter 273. An Act Concerning the Sanitary Conditions of Toilets.

Section 2347 of the general statutes is amended to read as follows: Every person or corporation managing or operating any factory, or owning or controlling the use of any other building where five or more persons are employed, shall provide and keep in good sanitary condition sufficient and suitable toilet accommodations and approaches thereto for the use of the persons employed.

Chapter 248. An Act Concerning the Establishment of Bureaus in the Health Department.

Section 2365 of the general statutes is amended to read as follows: Said (state) department (of health) shall maintain bureaus of vital statistics, preventable diseases, laboratories, sanitary engineering and child hygiene. The commissioner of health may appoint a director of each of said bureaus who shall perform the duties of his office under the direction and control of said commissioner. Each director shall receive such compensation as may be fixed by the health council subject to the approval of the board of control.

Chapter 293. An Act Authorizing the Employment of Dental Hygienists by Town School Committees, Boards of School Visitors and Boards of Education.

Any town school committee, board of school visitors or board of education may employ a dental hygienist to cleanse and keep clean the teeth of school children in attendance at the public schools in such town or district and the authority therein authorized to appropriate money for the support of such schools in the town or district wherein such hygienist shall have been employed, may make such appropriation as may be necessary for such purpose.

Chapter 117. An Act Concerning Water Supply Investigation.

Section 2530 of the general statutes is amended to read as follows: The state department of health may, and upon complaint shall, investigate any system of water supply or source of water or ice supply from which water or ice used by the public is obtained, and if it finds any pollution or threatened pollution which in its judgment is prejudicial to public health, it shall notify the owner of such system of water supply, or the person or corporation causing or permitting such pollution or threatened pollution, of its findings and after hearing shall make such orders as it shall deem necessary to protect such water or ice supply and render such water or ice safe for domestic use.

Chapter 27. An Act Concerning Shuttles.

Any person, firm or corporation engaged in weaving which shall fail to furnish suitable appliances to permit the threading of shuttles without the necessity of the operator putting any thread into his mouth or touching any portion of the shuttle with his lips, shall be fined not more than fifty dollars. The commissioner of labor and factory inspection shall enforce the provisions of this act.

Chapter 122. An Act Amending an Act Concerning the Burial of Paupers.

Section 1633 of the general statutes is amended to read as follows: When a pauper not an inhabitant of the town where he resides, or a state pauper, shall die, the selectmen of such town shall give to such pauper a decent burial, which shall include a stained wood or crepe-covered casket, suitably trimmed and inclosed in an outside pine box; and for the expense thereof the town where such pauper belongs, or if a state pauper, the state, shall pay a sum not exceeding thirty-five dollars to the town burying such pauper. Any person burying or causing to be buried any such pauper in violation of the provisions of this act shall be fined not less than twenty-five dollars.

Chapter 209. An Act Amending an Act Concerning Powers and Duties of the Commissioner of Health.

Section 2364 of the general statutes is amended to read as follows: The commissioner of health shall employ the most efficient and practical means for the prevention and suppression of disease, and shall administer the health laws and the sanitary code, prepare rules and regulations for the council and, with the approval of the council, appoint and remove directors of bureaus, deputies, inspectors and other employes. He shall have authority over health officials, and may, for cause, and with the consent of the council, remove any local health official; but any person claiming to be aggrieved by such removal may appeal to the superior court which may affirm or reverse the action of the council as the public interest may require; he shall assist and advise local health officers in the performance of their duties, and may require the enforcement of any law, regulation or ordinance relating to public health, and, with the health authorities of this and other states, secure information and data concerning the prevention and control of epidemics and conditions affecting or endangering the public health, anp he shall compile such information and statistics and shall disseminate among health authorities and the people of the state. such information as may be of value to them. He shall prepare printed forms for reports and returns, and such instructions as may be necessary for the use of health officers, boards of health and registrars. When requested by local health officers, he shall visit their jurisdictions to investigate, consult and advise on any condition affecting public health; make, at least once a year, an inspection of all public hospitals, asylums, prisons, schools and other institutions and submit a report of his investigations to the council, with such recommendations as he may deem proper. The commissioner of health shall investigate complaints of nuisances and conditions affecting the security of life and health in any locality, and for that purpose, he or any person authorized by him so to do, may enter and examine any ground, vehicle, apartment, building or place, and any person designated by him shall have the authority conferred by law upon constables. Said commissioner may, subject to the approval of the board of control, employ such clerical and other assistance and purchase such supplies and materials for use in said department as may be necessary for the proper discharge of the duties of his office. The commissioner may, subject to the approval of said council, appoint an acting commissioner who shall, during the absence or inability of the commissioner, perform the duties and exercise the powers of the commissioner.

Chapter 139. An Act Amending an Act Concerning Inspection of Baggage by the Department of Health.

Section 2384 of the general statutes is amended to read as follows: At such ports or places or on such lines of travel as there may be danger of the introduction into this state of cholera, yellow fever or other communicable disease, the state department of health shall have the power to establish such systems of inspection as may be practicable and needful to ascertain the presence of the infection of cholera, yellow fever or other communicable disease in the persons of immigrants or travelers, in wearing apparel, baggage or freight; to question on oath immigrants, travelers or other persons, which oath a duly appointed inspector of the state department of health may administer, as to the place from which the suspected person, baggage or freight came, the time elapsed since his or its exposure to cholera, yellow fever, or other communicable disease, and other subjects on which information is needed; and the state department of health may order such disinfection of baggage or other articles which are infected or liable to be infected, and cause such isolation of persons or things infected or liable to be infected, as may be necessary for the public safety by placing it or them in the care of the local health authorities, or by other practical methods, to the end that the object of this act shall be fulfilled. The department shall frame and publish rules for the conduct of such inspection. Every person who shall wilfully violate any of such rules shall be fined not more than five hundred dollars or imprisoned not more than one year or both. The department may from time to time appoint such inspectors as may be necessary for the proper enforcement of the provisions of this act, fix the compensation of such inspectors and discharge such inspectors at its pleasure; and the expenses of such inspection shall be defrayed from the amount appropriated under the law for similar purposes.

Monthly Statistics
MARCH — For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS, *Birth Rate,*	2745 26.9	3062 29.6	3187 30.2	3321 28.2	2888 23.6
MARRIAGES, *Marriage Rate,*	348 3.4	695 6.7	555 5.2	548 4.6	625 5.1
DEATHS, *Death Rate,*	1783 17.4	1773 17.1	1994 18.9	2003 17.0	1953 16.0
COMMUNICABLE DISEASES,* DEATHS, *Per Cent to Total Deaths,*	210 11.7	269 15.1	276 13.8	282 14.0	477 24.4
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	311 116.9	299 109.6	313 108.8	321 102.5	330 106.7

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Including Influenza

Laboratory Statistics — March, 1919

Diagnostic Division

Typhoid,	42
Diphtheria:	
Diagnosis,	198
Release,	262
Diphtheria carriers:	
Diagnosis,	190
Release,	202
Tuberculosis,	133
Syphilis,	617
Gonorrhœa,	58
Rabies,	7
Paratyphoid A,	42
Paratyphoid B,	42
Diphtheria Virulence,	24
Feces for typhoid,	10
Special,	2
	1829

Chemical Division

Water,	53
Sewage,	6
Ice,	1
Milk,	115
	175

Special Division

Bacterial Analyses,	95
Sanitary Chemical,	94
Trade Wastes,	9
	198
Total all Laboratories,	2202

March 1919 Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases*
State Total	1,464,360	17	869	239	31	281	7	0	199	52	499+
NEW HAVEN CO.											
New Haven	168,132	1	110	15	11	45	2	....	40	....	124
Waterbury	107,151	....	37	27	1	41	1	....	11	1	29
Meriden (city and town)	32,800	....	....	7	....	9	....	....	3	....	9
Ansonia	17,459	....	3	....	....	1	....	....	....	....	7+
Orange (inc. West Haven)	17,206	....	10	3	....	1	....	....	2	2	3
Naugatuck	13,714	....	....	....	....	....	....	....	....	....	....
Wallingford (town and boro)	11,916	....	....	....	....	6	....	....	2	....	....
Milford	11,095	....	....	4	....	....	....	....	....	....	2
Derby	10,302	3	....	1	....	6	....	....	....	....	4
Hamden	9,952	....	8	7	....	3	....	....	....	....	2
Branford (town and boro)	7,134	....	....	1	....	....	....	....	....	....	....
Seymour	6,853	....	1	1	....	....	....	....	4	....	....
Towns under 5,000	25,077	....	31	3	....	1	....	....	2	....	10
FAIRFIELD CO.											
Bridgeport	157,238	1	29	7	....	30	....	....	28	....	58
Stamford (city and town)	43,428	1	1	12	....	4	....	....	4	....	6
Norwalk	29,100	....	....	4	....	1	....	....	1	....	....
Danbury (city and town)	28,154	....	1	2	....	....	....	....	2	....	....
Greenwich (town and boro)	18,779	....	1	4	....	....	....	....	6	2	8
Stratford	14,384	....	....	2	....	5	....	....	3	2	5
Fairfield	12,187	....	....	....	....	....	....	....	....	....	....
Shelton	9,222	....	18	....	....	2	....	....	1	....	3
Darien	8,764	....	....	1	....	....	....	....	1	....	....
Westport	5,359	....	6	....	....	....	....	....	....	....	....
Towns under 5,000	25,867	1	10	2	....	3	....	....	2	3	11
HARTFORD CO.											
Hartford	134,155	3	191	35	5	31	....	....	25	5	46
New Britain	61,051	....	187	13	....	15	....	....	7	4	109
Bristol (city and town)	19,777	....	8	3	....	5	....	....	3	1	2
Manchester	19,590	....	4	4	....	....	....	....	1	....	5
Enfield	12,311	....	....	4	....	1	....	....	....	....	....
East Hartford	11,331	....	1	2	....	1	....	....	2	1	....
Southington (town and boro)	9,867	....	....	....	....	2	3	....	....	....	....
West Hartford	7,685	....	24	4	....	4	....	....	....	....	8
Winsdor	6,808	....	....	....	....	2	....	....	....	....	....
Glastonbury	6,608	....	45	....	....	....	....	....	....	....	....
Berlin	5,562	....	6	2	....	....	....	....	1	1	....
Towns under 5,000	49,950	....	19	5	10	2	....	....	4	3	4
NEW LONDON CO.											
Norwich (city and town)	30,040	....	1	4	1	2	....	....	8	....	2
New London	27,669	1	....	8	....	38	....	....	5	....	8
Stonington (town and boro)	11,006	....	....	2	....	4	....	....	....	....	4
Groton (town and boro)	7,822	....	....	2	....	2	....	....	1	3	....
Towns under 5,000	30,436	1	1	12	....	....	....	....	10	3	6
LITCHFIELD CO.											
Torrington (town and boro)	22,693	....	....	....	....	....	....	....	....	....	....
Winchester (inc. Winsted)	9,789	....	....	....	....	....	....	....	1	....	2
Plymouth	7,234	....	....	....	....	1	....	....	....	....	....
Watertown	6,562	....	1	3	....	....	....	....	1	....	2
New Milford	5,156	....	....	....	....	1	....	....	....	....	....
Towns under 5,000	31,555	....	....	1	2	1	1	....	4	15	6
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	....	2	1	....	2	....	....	1	....	....
Putnam (city and town)	8,870	....	....	....	....	....	....	....	....	....	....
Plainfield	8,344	....	....	....	....	....	....	....	....	....	....
Killingly (inc. Danielson)	7,736	....	1	....	....	....	....	....	2	1	1
Towns under 5,000	15,187	....	....	5	1	1	....	....	5	....	2
MIDDLESEX CO.											
Middletown (city and town)	27,980	1	28	1	....	3	....	....	2	....	2
Towns under 5,000	26,941	4	36 +	23	....	2	....	....	....	3	8 +
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	....	....	1	....	1	....	....	4	....	....
Stafford (town and boro)	6,207	....	26	....	....	....	....	....	....	....	1
Towns under 5,000	14,082	....	22	1	....	2	....	....	....	2	....

* Excluding Influenza

March 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2888	111	625	1953	16.0	1.4	106.7	330	144	51.8
Ansonia	17,459	44	1	6	31	21.3	3.4	220.1	10	2	4
Berlin	5,562	6	....	2	3	6.4	.....	123.7	1	....	2
Branford	7,134	15	1	....	6	10.0	.....	100.8	1	....	3
Bridgeport	157,238	389	9	76	219	16.7	1.6	117.1	48	17	31
Bristol	19,777	53	4	9	23	13.9	1.2	85.8	4	7	4
Danbury	28,154	34	2	8	30	12.7	0.8	74.6	3	....	12
Darien	8,764	3	....	....	7	9.5	.....	.....	....	....	7
Derby	10,302	61	3	4	23	26.7	4.6	156.1	7	1	6
East Hartford	11,331	17	3	4	16	16.9	.....	213.3	4	2	5
Enfield	12,311	26	2	4	6	5.8	.....	31.3	1	....	1
Fairfield	12,187	30	....	....	11	10.8	0.9	52.4	1	3	3
Glastonbury	6,608	6	1	4	10	18.1	.....	108.1	1	3	2
Greenwich	18,779	47	1	16	19	12.1	1.2	165.3	7	3	4
Groton	7,822	21	1	4	12	18.4	.....	65.9	1	....	8
Hamden	9,952	17	....	5	7	8.4	4.8	55.5	1	....	3
Hartford	134,155	325	15	90	246	22.0	1.3	128.1	46	19	47
Killingly	7,736	12	....	4	11	17.0	.....	118.8	2	....	3
Manchester	19,590	23	1	4	9	5.5	1.8	59.5	2	1	2
Meriden	32,800	64	4	13	46	16.8	0.7	41.0	3	2	16
Middletown	27,980	43	1	7	40	17.1	.....	57.6	3	....	16
Milford	11,095	20	....	3	13	14.0	.....	.....	....	1	10
Naugatuck	13,714	21	....	2	13	11.3	1.7	146.7	4	2	....
New Britain	61,051	143	3	22	83	16.3	1.7	143.4	25	7	12
New Haven	168,132	386	22	108	198	14.1	1.1	61.6	25	19	50
New London	27,669	52	....	19	51	22.1	1.3	128.5	8	1	10
New Milford	5,156	5	....	3	6	13.9	.....	160.0	1	....	3
Norwalk	29,100	61	1	12	38	15.6	0.4	173.2	8	4	12
Norwich	30,040	63	2	15	62	24.7	3.9	92.3	6	2	15
Orange	17,206	24	2	11	24	16.7	1.3	148.6	4	1	4
Plainfield	8,344	11	1	3	5	7.1	.....	.....	....	1	2
Plymouth	7,234	17	....	1	1	1.6	1.6	.....	....	....	....
Putnam	8,870	21	1	3	15	20.2	1.3	109.5	2	....	10
Seymour	6,853	18	....	4	9	15.7	1.7	111.6	2	....	2
Shelton	9,222	16	1	3	21	27.3	1.3	94.1	2	....	2
Southington	9,867	22	....	2	14	17.0	.....	111.1	2	2	4
Stafford	6,207	9	....	2	6	11.5	1.9	.....	....	1	2
Stamford	43,428	79	3	21	44	12.1	1.1	104.2	10	4	13
Stonington	11,006	13	1	8	9	9.8	.....	157.8	3	....	5
Stratford	14,384	24	1	4	11	9.1	1.6	172.0	4	1	2
Torrington	22,693	45	4	9	36	19.0	1.0	191.3	10	2	5
Vernon	8,889	12	....	1	15	20.2	2.6	.....	....	1	10
Wallingford	11,916	26	1	2	15	15.1	3.0	184.6	4	....	3
Waterbury	107,151	226	10	39	126	14.1	1.2	111.7	28	14	13
Watertown	6,562	7	....	1	6	10.9	.....	120.0	1	....	....
West Hartford	7,685	11	1	2	11	17.1	.....	73.1	1	1	4
Westport	5,359	5	....	....	7	15.6	.....	.....	....	1	4
Winchester	9,789	26	2	1	23	28.1	.....	147.5	3	1	9
Windham	14,194	35	....	8	14	11.8	2.5	115.1	4	3	5
Windsor	6,808	5	....	2	9	15.8	1.7	.....	....	1	7
Towns under 5,000	219,095	249	6	54	293	16.0	1.6	94.8	27	14	121

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
4	10	3	3	24	252	179	24	106	2	....	292	36	19	82	13	7	512	241
....	....	....	....	....	2	3	....	3	....	....	7	2	1	....	....	....	....	....
....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	1
....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....
....	....	....	....	2	28	18	1	13	....	....	46	5	1	15	1	3	61	14
....	1	....	....	1	3	1	....	1	....	....	4	1	1	....	....	....	....	....
....	....	....	....	....	1	2	....	2	....	....	4	....	1	....	....	....	4	1
....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	6	6
....	....	....	....	....	3	2	....	1	....	....	2	....	1	5	....	....	8	7
....	....	....	....	....	2	....	....	....	....	....	4	1	....	....	1	....	....	....
....	....	....	....	....	3	....	....	....	....	....	....	....	....	....	....	1	....	....
....	....	....	....	....	2	....	....	2	....	....	2	....	....	1	....	....	....	2
....	....	....	....	....	4	....	....	....	....	....	2	....	....	....	....	....	....	....
....	....	....	....	....	5	1	....	....	....	....	4	....	....	....	....	....	4	....
....	....	....	....	....	4	....	....	1	....	....	....	....	....	....	....	....	....	....
....	....	....	....	....	2	2	....	....	....	....	....	....	....	....	....	....	....	1
1	3	2	....	1	47	9	8	15	....	....	45	3	1	8	3	1	125	47
....	....	....	....	....	1	....	....	2	....	....	1	....	....	1	1	....	....	1
....	....	....	....	....	....	3	....	....	....	....	....	....	....	....	....	....	....	....
....	....	....	....	1	11	7	....	4	....	....	....	....	1	4	....	....	8	6
....	....	....	....	1	1	2	1	4	....	....	4	....	....	3	....	....	25	17
....	....	....	....	....	....	....	....	3	....	....	2	....	....	2	....	....	....	1
1	....	....	....	2	1	1	....	....	....	....	2	2	....	....	....	....	....	....
....	3	....	2	1	18	8	1	5	....	....	14	2	....	3	....	....	14	7
....	2	....	....	2	12	13	1	9	1	....	26	3	1	11	3	....	63	13
1	....	....	....	1	11	3	1	4	....	....	7	1	2	3	....	1	17	10
....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	1	....
....	....	....	....	....	7	....	....	3	....	....	6	....	....	1	....	....	5	1
....	....	....	....	....	5	20	....	2	....	....	10	....	2	1	1	....	27	19
....	....	....	....	....	....	11	....	1	....	....	3	....	1	....	....	....	12	2
....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....
....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....
....	....	....	....	....	....	1	....	1	....	....	2	....	....	....	....	....	....	1
....	....	....	....	....	2	....	....	1	....	....	1	2	....	....	....	....	....	....
....	....	....	....	....	....	16	....	1	....	....	1	1	....	1	....	....	15	15
....	....	....	....	....	5	....	....	....	....	....	4	....	....	1	....	....	....	....
....	....	....	....	....	1	1	....	....	....	....	2	....	....	....	....	....	2	1
....	....	....	....	2	5	5	....	1	....	....	2	1	....	1	....	....	18	8
....	....	....	....	....	1	....	....	....	....	....	2	....	....	....	....	....	1	....
....	....	....	....	1	....	2	....	....	....	....	4	1	....	....	....	....	....	....
....	....	....	....	1	5	2	....	1	....	....	5	2	1	....	....	....	8	2
....	....	....	....	....	2	1	1	1	....	....	1	....	....	....	1	....	....	....
....	....	....	....	1	....	2	1	....	....	....	4	....	....	1	....	....	1	1
1	1	1	1	4	7	10	4	7	1	....	19	4	1	4	2	1	33	5
....	....	....	....	....	3	....	....	....	....	....	....	....	1	....	....	....	....	....
....	....	....	....	....	1	....	1	1	....	....	3	....	....	....	....	....	3	2
....	....	....	....	....	....	....	....	....	....	....	2	1	....	1	....	....	2	3
....	....	....	....	....	3	....	....	1	....	....	4	....	1	....	....	....	3	1
....	....	....	....	....	....	....	....	....	....	....	4	1	....	1	....	....	4	2
....	....	....	....	....	1	....	....	....	....	....	2	....	....	1	....	....	....	1
....	....	....	....	3	41	33	3	15	....	....	34	3	2	12	....	....	42	43

The Sources of Infection of Communicable and Preventable Diseases

Mouth and Nose Secretions:

Influenza, whooping cough, measles, pneumonia, tuberculosis, bad colds, scarlet fever, diphtheria, mumps, meningitis, infantile paralysis.

Bowel Discharges:

Typhoid fever, dysentery, summer complaint, hook worm and other intestinal parasites.

Eye Secretions:

Pink eye, trachoma.

Skin:

Itch, lice, ringworm, smallpox, chickenpox.

Animals:

Rabies, tapeworm, trichinosis.

Immorality:

Syphilis, gonorrhea, chancroid.

Non-Communicable, but Preventable:

Occupational diseases, dietetic diseases, alcoholism.

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15 [illegible] 19

CONNECTICUT
HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

JUNE, 1919

In this Issue:

Appropriations for Public Health

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Telephone Charter 4080 or Charter 7121

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Telephone Charter 4081 or New Britain 394

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Telephone Charter 7121 or New Haven, Colony 2451

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Telephone Liberty 453

ALL CORRESPONDENCE, except for laboratory outfits, should be directed to THE STATE DEPARTMENT OF HEALTH, STATE CAPITOL, HARTFORD

CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

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Health Appropriations

On the following page will be found an itemized statement of the appropriations made at the recent session of the legislature for the support of the State Department of Health during the two-year fiscal period which ends June 30, 1921.

Excluding the appropriation of $100,000 for the construction of a laboratory building, the amount available for health work for the next two years will be $255,000. In comparison with the appropriations granted for such work in the past, this may seem an enormous sum, and yet it represents only nine cents per capita per annum. Four years ago the state of Connecticut was spending but two cents per capita per year for the protection of the health of its citizens. The development of public health work has been so rapid, however, and its advantages and value are so obvious, that it is only a question of a short time until the demand for additional public health service will lead the state to expend yearly at least twenty-five cents per capita for health preservation. An appropriation based on this figure would secure for Connecticut organized health protection of the most modern methods, and it would easily justify itself by the saving and prolongation of life which could certainly be effected. The life of every healthy citizen is of a definite money value to the state, and it is sound business policy as well as common sense for the state to give its citizens the health insurance which a thoroughly equipped and progressive State Department of Health can provide.

In making the appropriations for the next two years the General Assembly considered the subject of health work strictly as a business proposition. When the needs of the department were explained, practically the entire amount asked for was granted without hesitation. This action of the legislature shows the trend of the times.

State Department of Health

Appropriations for Two Years Ending June 30, 1921

General administrative expenses,	$26,000
Salary of Commissioner,	8,000
Purchase and free distribution of antitoxin,	20,000
Preventable diseases,	22,000
Vital statistics,	20,000
Sanitary engineering,	20,000
Laboratory,	40,000
Child hygiene,	25,000
Total,	$181,000
Special:	
Industrial wastes,	50,000
Construction of Laboratory Building,	100,000
*Venereal Diseases,	24,000
Total,	$355,000

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*The appropriation for the control of venereal diseases was made conditional upon the receipt by the State Department of Health of a like amount from the federal government or other source. The federal government, through the Interdepartmental Social Hygiene Board, has made provision to comply with this condition, and the appropriation will become available July 1, 1919.

New and Amended Public Health Laws

(Continued from May BULLETIN)

Chapter 21. An Act Concerning Mosquito Breeding Areas.

Section 2410 of the general statutes is amended to read as follows: Whenever any swamp, marsh or other land has been drained to the approval of said director, he shall keep the same in repair and free from obstruction, and construct or repair tide gates or otherwise treat such areas so as to make such work effective. The cost of such maintenance or treatment, not exceeding in any year one dollar per acre, shall be paid by the state, and the town, city or borough within which such place or area is located shall reimburse the state for three-fourths of the amount so expended. Said director shall certify to the controller the amount due from any town, city or borough under the provisions of this section, and the treasurer of such town, city or borough, as the case may be, shall pay to said controller such amount. All amounts so collected shall be available for expenditures under the provisions of this section. Said director may appoint one or more deputies to supervise the work done under the provisions of this and the preceding section, who may exercise the authority granted to such director, and the expenses of said director and said deputies for supervision and inspection shall be included in computing the cost of any such work, but the actual cost of making preliminary investigations and surveys and for the supervision and inspection of the construction and maintenance by the said director or his deputies shall be borne wholly by the state and paid from the funds appropriated for the purpose. The controller may advance to said director such amounts, within the appropriations therefor, as are necessary to meet the current expenses for labor authorized under the provisions of this and the preceding section. Any person obstructing the work of examining, surveying or ditching or otherwise treating such mosquito breeding areas, or obstructing any ditch, canal or drain, or the natural outlet of any marsh forming mosquito breeding areas, shall be fined not more than one hundred dollars or imprisoned not more than ninety days or both,

Chapter 69. An Act Amending an Act Concerning Operations to Prevent Procreation.

Section 2691 of the general statutes is amended to read as follows: The directors of the state prison and the superintendents of the state hospitals for the insane at Middletown and Norwich and the superintendent of the Mansfield State Training School and Hospital at Mansfield Depot are authorized and directed to appoint for each of said institutions two skilled surgeons, who, in conjunction with the physician or surgeon in charge at each of said institutions, shall constitute a board the duty of which shall be to examine such inmates of said institutions as are reported to them by the warden or superintendent or the physician or surgeon in charge, to be persons by whom procreation would be inadvisable. Such board shall examine the physical and mental condition of such persons and their record and family history so far as the same can be ascertained, and if, in the judgment of a majority of said board, procreation by any such person would produce children with an inherited tendency to crime, insanity, feeble-mindedness, idiocy or imbecility and there is no probability that the condition of any such person so examined will improve to such an extent as to render procreation by any such person advisable, or if the physical or mental condition of any such person will be substantially improved thereby, then said board shall appoint one of its members to perform the operation of vasectomy or oöphorectomy, as the case may be, upon such person. Such operation shall be performed in a safe and humane manner, and the board making such examination and the surgeon performing such operation shall receive from the state such compensation for services rendered as the warden of the state prison or the superintendent of either of such hospitals shall deem reasonable.

Chapter 77. An Act Concerning Prostitution.

Section 1. Every person who shall receive, or offer or agree to receive any person into any place, structure, building or conveyance for the purpose of prostitution, lewdness or assignation, or permit any person to remain there for such purpose; every person who shall direct, take or transport, or offer or agree to take or transport any person to any place, structure, building or conveyance, or to any person, knowing or having reasonable cause to know that the purpose of such directing, taking or transporting is prostitution, lewdness or assignation; every person who shall procure or solicit, or offer to procure or solicit for the purpose of prostitution, lewdness or assignntion; and every person who shall engage in prostitution, lewdness or assignation by any means, shall be punished as hereinafter provided.

Section 2. As used in this act the term "prostitution" shall include the offering or receiving of the body for sexual intercourse for hire; and the offering or receiving of the body for promiscuous sexual intercourse without hire; the term "lewdness" shall include any indecent or obscene act; the term "assignation" shall include the making of any appointment or engagement for prostitution or lewdness, or any act in furtherance of such appointment or engagement.

Section 3. Any person convicted of a first violation of the provisions of this act shall be imprisoned not more than six months; for a second violation not more than one year and for any subsequent violation not more than three years; provided, in the case of a first conviction sentence may be suspended, and the accused placed in charge of a probation officer; but a person infected with venereal disease shall be paroled or placed on probation only upon such terms and conditions as shall insure medical treatment therefor and prevent the spread thereof. The court may order any person convicted under the provisions of this act to be examined for venereal disease by one or more competent physicians.

Section 4. No female convicted under the provisions of this act shall be placed in charge of any person except a woman probation officer who shall coöperate with the local and state health officers in carrying out the provisions of the preceding section relating to examination and treatment for venereal disease.

Section 5. This act shall take effect from its passage.

Chapter 342. An Act Amending an Act Concerning the Procuring and Distributing of Antitoxin.

Section 2388 of the general statutes is amended to read as follows: The state department of health is authorized to procure diphtheria antitoxin, tetanus antitoxin, vaccine lymph or other biologic products for the free use of the people of the state upon whom the purchase thereof would impose a financial hardship, and to distribute the same to town, city or borough health officers who shall furnish the same to such persons upon recommendation of attending physicians.

Chapter 131. An Act Amending an Act Concerning Water Supplies.

Section 2556 of the general statutes is amended to read as follows: Whenever complaint in writing shall be made to the state department of health by the mayor of a city, any of the selectmen of a town, or the warden or any of the burgesses of a borough, any committeemen of a fire district or the local health officer of a city or town, of an existing or threatened pollution of any of the waters of the state, the state department of health shall investigate such complaint, and whenever said department shall have reason to believe that any of the waters of the state are being polluted in a manner prejudicial to the public health, it may, upon its own motion, investigate such pollution. If said department shall find that any of the waters of the state are being polluted in a manner prejudicial to the public health, it may issue such orders as may be necessary to prevent the continuance of such pollution.

Chapter 260. An Act Concerning the Manufacture and Sale of Ice Cream.

Section 1. No person shall sell, expose for sale or have in possession with intent to sell, any ice cream misbranded or adulterated as hereinafter defined.

Section 2. Ice cream, within the meaning of this act, is the frozen product made from cream with the addition of milk or milk products and sugar, with or without natural flavoring, manufactured, stored, distributed and dispensed in a sanitary manner, and contains not less than eight per centum of milk fat. Fruit ice cream is the frozen product made from cream with the addition of milk or milk products and sugar, and sound, clean, matured fruits, and contains not less than six per centum of milk fat. Nut ice cream is the frozen product made from cream with the addition of milk or milk products and sugar and sound, non-rancid nuts, and contains not less than six per centum of milk fat.

Section 3. Ice cream shall be deemed adulterated within the meaning of this act if in substance and quality it fails to meet the provisions and standards required for standard ice cream, or, if it shall contain boric acid, salicylic acid, formaldehyde, saccharin or any substance deleterious to health, or if it shall contain salts of copper, iron oxide, ochres or any coloring substance or compound or flavoring matter deleterious to health, provided nothing in this section shall be construed to prohibit the use of harmless colors permitted to be used in foods or of harmless imitation flavors, if the presence of the same shall be made known to the purchaser thereof.

Section 4. Nothing in this act shall be construed to prohibit, in the manufacture of ice cream, the use of fresh eggs, pure gelatin or harmless vegetable gums; and nothing in this act shall be construed to prohibit the manufacture and sale of ice cream containing less than the amounts of milk fat required by section two of this act, provided the true fat content of such ice cream be plainly and conspicuously stated on the container in which it is sold, or, in the case of ice cream sold in bulk, that the true fat content be made known to purchasers thereof by means of a suitable sign displayed at the time and place of sale.

Section 5. Any person who shall violate any of the provisions of this act shall be fined not less than ten nor more than two hundred dollars for the first offense, and for any subsequent offense a like fine and imprisonment of thirty days, but no dealer shall be prosecuted under the provisions of this act if he shall present a statement in writing from the manufacturer, wholesaler or jobber from whom such ice cream was purchased, containing a guarantee as to the quality of such ice cream.

Section 6. The dairy and food commissioner shall enforce the provisions of this act.

Chapter 271. An Act Concerning Factory Waste.

Section 2562 of the general statutes is amended to read as follows: The state department of health, acting with five persons appointed by the governor, at least two of whom shall be of recognized experience in sanitation, and at least two of whom shall be manufacturers, is authorized to make such investigations and employ such expert assistance as may be necessary to enable it to carry out the provisions of section 2561 of the general statutes, concerning pollution of the waters of this state. The persons so appointed shall serve without compensation. For the purposes of this act the sum of fifty thousand dollars is appropriated out of any money in the treasury not otherwise appropriated.

Chapter 91. An Act Concerning the Control of Anthrax or Charbon.

Section 1. The commissioner on domestic animals shall have plenary power to deal with all outbreaks of the contagious disease in domestic animals known as anthrax or charbon, and he may provide for the vaccination or immunization of cattle or horses kept on lands known or suspected to be infected with germs or spores of anthrax, or kept on lands adjacent to such infected lands, and he may provide for the vaccination and immunization of animals which may have been exposed to said disease, at the expense of the state. The commissioner may make and enforce such rules, orders and quarantines as in his judgment may be necessary for the control of said disease. Any person who violates any rule or order of said commissioner authorized hereby or who interferes with or obstructs the commissioner or any assistant employed by him in the discharge of his duties as herein provided shall be fined not more than one hundred dollars or imprisoned not more than thirty days or both.

Chapter 62. An Act Amending an Act Concerning Expenditures for a Bacteriological Laboratory.

Section 2370 of the general statutes is amended to read as follows: The state department of health may establish and control a bacteriological laboratory where examination of supposed morbid tissues for the diagnosis of infectious diseases shall be made, free of expense, upon the application of registered physicians or health officers, and for such purpose may provide necessary buildings and apparatus, employ bacteriologists and assistants, and do all things necessary for the proper conduct of such laboratory.

Chapter 92. An Act Amending an Act Concerning Bodies for Anatomical Purposes.

Section 2714 of the general statutes is amended to read as follows: The first selectman of any town, the mayor of any city, the sheriff, coroner or jailer of any county, the master of any workhouse, superintendent, or person in charge of any almshouse, asylum, hospital, morgue or other public institution which is supported in whole or in part at public expense, having in his possession or control the dead body of any person which would have to be buried at public expense, or at the expense of any such institution, shall, except as provided in section 1746 of the general statutes, give notice thereof to the department of medicine of Yale University, and upon the expiration of twenty-four hours after death, or after such body shall have come into his control, may deliver said body to said department in such manner as it shall direct, and at its expense, if said department shall at any time within one year have given notice to any of said officials that such bodies would be needed for the purposes hereinafter specified; provided such body shall not have been claimed by any relative, either by blood or marriage, or any legal representative of such deceased person, within the said period of twenty-four hours. When any person has in his possession or control the dead body of any person which would have to be buried at public expense or at the expense of any such institution, he shall, within forty-eight hours after death, or after such body has come into his possession or control, file with the registrar of the town in which such death occurred, a certificate of death as provided in section 330 of the general statutes, unless such certificate shall have been filed by an undertaker; and before any such body shall be removed to said department of medicine, the official or person contemplating such removal shall secure a burial or transit permit which shall be delivered with the body to the official in charge of said department of medicine of Yale University, who shall make return of such burial or transit permit in the same manner as is provided in section 337 of the general statutes.

Chapter 335. An Act Concerning Temporary Medical Examiners.

Upon the request of the first selectman of any town, the warden of any borough or the mayor of any city, the coroner of the county wherein such town, borough or city is situated may appoint an assistant medical examiner who shall possess the qualifications of the medical examiner and shall perform all of the duties of medical examiner during his absence or inability to perform the dutues of his office.

Monthly Statistics

APRIL — For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS, *Birth Rate,*	2702 26.4	2867 27.7	2973 28.1	3142 26.7	2884 23.6
MARRIAGES, *Marriage Rate,*	894 8.7	739 7.1	1456 13.8	954 8.1	855 7.0
DEATHS, *Death Rate,*	1720 16.8	1765 17.0	1822 17.2	1827 15.5	1617 13.2
COMMUNICABLE DISEASES,* DEATHS, *Per Cent to Total Deaths,*	229 13.3	230 13.0	236 12.9	280 15.3	287 17.7
DEATHS UNDER 1 YEAR, *Rate per* 1,000 *Births,*	251 92.0	295 102.6	288 92.0	311 99.3	254 82.1

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Including Influenza

Laboratory Statistics — April, 1919

Diagnostic Division

Typhoid,	24
Diphtheria:	
Diagnosis,	175
Release,	175
Diphtheria Carriers:	
Diagnosis,	81
Release,	
Tuberculosis,	119
Syphilis,	623
Gonorrhoea,	33
Glanders,	2
Malaria,	3
Rabies,	8
Paratyphoid A,	24
Paratyphoid B,	24
Diphtheria virulence,	22
Feces for typhoid,	67
	1380

Chemical Division

Water,	84
Sewage,	4
Milk,	196
	284

Special Division

Bacterial Analyses,	97
Sanitary Chemical,	109
Trade Wastes,	0
	206
Total all Laboratories,	1870

April, 1919 Cases	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases *
State Total	1,464,360	19	939	234	19	171	5	1	175	27	395
NEW HAVEN CO.											
New Haven	168,132	2	63	14		32	1		38		138
Waterbury	107,151		73	62		26			10	1	14
Meriden (city and town)	32,800	2		10		1			1		1
Ansonia	17,459		2	1					3		2
Orange (inc. West Haven)	17,206		9			1			9		1
Naugatuck	13,714										2
Wallingford (town and boro)	11,916			1		4					
Milford	11,095		3		4				2		3
Derby	10,302		2	1		2					
Hamden	9,952		15								2
Branford (town and boro)	7,134									2	
Seymour	6,853		1			1					
Towns under 5,000	25,077		47	2		2			3	2	4
FAIRFIELD CO.											
Bridgeport	157,238	2	45	10	1	24	2		21	2	57
Stamford (city and town)	43,428	3	3	9		4			8		8
Norwalk	29,100			2					4		
Danbury (city and town)	28,154			1		1			1		2
Greenwich (town and boro)	18,779		1	7		5			2	1	12
Stratford	14,384		1			1					1
Fairfield	12,187										
Shelton	9,222	1	94	1		2			2		7
Darien	8,764			1		1					1
Westport	5,359		5							2	
Towns under 5,000	25,867	1	12			1			4	2	11
HARTFORD CO.											
Hartford	134,155	1	71	22	7	17	2		15	2	35
New Britain	61,051		91	4	1	4			6	1	13
Bristol (city and town)	19,777			3		4				1	1
Manchester	19,590	2		2					3		4
Enfield	12,311			4		2					1
East Hartford	11,331		3						2		
Southington (town and boro)	9,867	1	1	1							1
West Hartford	7,685	1	5	1					2		1
Winsdor	6,808			1							
Glastonbury	6,608										1
Berlin	5,562		4						2		
Towns under 5,000	49,950		66	6		1			5	1	7
NEW LONDON CO.											
orwich (city and town)	30,040		2	2					7		
New London	27,669		2	14		9			8		5
Stonington (town and boro)	11,006										11
Groton (town and boro)	7,822	1		6		8			3	2	2
Towns under 5,000	30,436	2	6	7		3			4	4	8
LITCHFIELD CO.											
Torrington (town and boro)	22,693										
Winchester (inc. Winsted)	9,789					3					
Plymouth	7,234								2		
Watertown	6,562										
New Milford	5,156		1								
Towns under 5,000	31,555		2	4	6				4	1	31
WINDHAM CO.											
Windham (inc. Willimantic)	14,194		1	2		2			1		
Putnam (city and town)	8,870		1								
Plainfield	8,344					3			1		
Killingly (inc. Danielson)	7,736										
Towns under 5,000	15,187			1		2			1	2	
MIDDLESEX CO.											
Middletown (city and town)	27,980		49	7		4		1	1		
Towns under 5,000	26,941		94	5						1	8+
TOLLAND CO.											
Vernon (inc. Rockville)	8,889			4							
Stafford (town and boro)	6,207		91	5							
Towns under 5,000	14,082		73	11		1					

*Excluding Influenza

April 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2884	110	855	1617	13.2	1.0	82.1	254	104	479
Ansonia	17,459	54	1	10	13	8.9	2.0	88.0	4	....	4
Berlin	5,562	5	1	1	2	4.3	2.1	123.7	1	....	....
Branford	7,134	5	....	2	6	10.0	1.6	100.8	1	....	2
Bridgeport	157,238	360	10	116	184	14.0	0.9	87.8	36	17	24
Bristol	19,777	52	1	6	20	12.1	6.0	64.4	3	6	3
Danbury	28,154	39	3	11	23	9.7	0.8	49.7	2	1	9
Darien	8,764	3	1	2	12	16.4	.....	210.5	1	1	8
Derby	10,302	50	....	6	15	17.4	.....	66.9	3	1	2
East Hartford	11,331	10	1	6	14	14.8	1.0	53.3	1	1	4
Enfield	12,311	28	....	15	13	12.6	.....	31.3	1	3	4
Fairfield	12,187	22	....	2	8	7.8	.....	157.2	3	....	4
Glastonbury	6,608	6	....	1	5	9.0	.....	.....	....	2	2
Greenwich	18,779	42	2	25	26	16.6	1.9	94.4	4	2	4
Groton	7,822	17	1	4	14	21.4	.....	65.9	1	....	6
Hamden	9,952	15	....	3	5	6.0	.....	.....	....	1	2
Hartford	134,155	327	13	113	186	16.6	0.9	83.5	30	14	46
Killingly	7,736	13	....	6	10	15.5	.....	118.8	2	....	6
Manchester	19,590	33	....	15	20	12.2	0.6	59.5	2	3	3
Meriden	32,800	77	1	13	44	16.0	2.9	82.0	6	....	12
Middletown	27,980	48	4	15	61	26.1	1.7	96.0	5	....	20
Milford	11,095	16	....	5	10	10.8	.....	121.2	2	....	4
Naugatuck	13,714	34	1	2	17	14.8	2.6	110.0	3	1	6
New Britain	61,051	159	9	27	55	10.8	1.3	74.5	13	2	9
New Haven	168,132	382	20	134	168	11.9	1.0	61.6	25	12	47
New London	27,669	66	1	26	50	21.6	1.3	112.4	7	2	18
New Milford	5,156	8	....	....	11	25.6	2.3	479.9	3	1	3
Norwalk	29,100	39	2	19	30	12.3	1.2	43.3	2	3	10
Norwich	30,040	48	2	17	40	15.9	1.1	61.5	4	1	11
Orange	17,206	30	1	3	24	16.7	1.3	37.1	1	....	6
Plainfield	8,344	12	....	5	7	10.0	1.4	176.4	2	....	3
Plymouth	7,234	8	1	....	6	9.9	.....	177.7	2	1	2
Putnam	8,870	17	....	8	9	12.1	.....	.....	....	....	4
Seymour	6,853	25	....	3	2	3.5	.....	111.6	2	....	....
Shelton	9,222	22	1	5	16	20.8	1.3	94.1	2	....	2
Southington	9,867	28	1	3	7	8.5	1.2	277.7	5	....	1
Stafford	6,207	14	....	3	7	13.5	.....	87.5	1	....	2
Stamford	43,428	55	2	30	43	11.8	0.8	52.1	5	3	12
Stonington	11,006	13	6	8	12	13.0	1.0	.....	....	....	6
Stratford	14,384	26	....	4	4	3.3	.....	.....	..	....	2
Torrington	22,693	40	1	12	17	8.9	0.5	133.9	7	....	3
Vernon	8,889	14	1	3	5	6.7	.....	153.8	2	....	3
Wallingford	11,916	17	....	2	6	6.0	1.0	46.1	1	....	1
Waterbury	107,151	239	11	67	94	10.5	1.6	91.7	23	14	19
Watertown	6,562	3	....	3	4	7.3	.....	120.0	1	1	1
West Hartford	7,685	18	2	3	14	21.8	1.5	292.6	4	....	7
Westport	5,359	2	....	1	7	15.6	.....	.....	....	....	4
Winchester	9,789	10	....	5	7	8.5	.....	49.1	1	....	2
Windham	14,194	30	3	11	16	13.5	0.8	57.5	2	....	7
Windsor	6,808	4	....	3	2	3.5	.....	.....	....	....	1
Towns under 5,000	219,095	299	6	71	246	13.4	0.7	98.3	28	11	118

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
2	16	3	3	15	119	125	14	90	3	1	176	31	14	89	23	3	470	250
...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	1	...	...	1
...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...
...	1	...	...	3	14	7	2	9	2	...	30	5	1	18	2	1	73	14
...	...	1	...	1	4	1	...	2	...	...	3	...	...	...	...	...	...	...
...	...	...	...	...	3	1	...	4	...	...	2	...	...	...	...	...	3	3
...	...	...	...	1	...	...	...	2	...	...	1	...	...	...	...	...	5	5
...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	2	5	2
...	...	...	...	...	...	1	...	...	...	...	3	...	...	...	1	...	...	...
...	...	...	...	1	2	...	...	1	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	1	...
...	...	...	...	...	...	3	...	3	...	...	2	...	...	1	1	...	7	3
...	...	...	...	...	2	...	...	2	...	...	...	...	...	1	...	...	1	1
...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	1	1
1	1	...	1	3	18	10	3	10	1	...	24	3	2	9	4	...	90	39
...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	1	...	...	2	...	...	5	...	...	...	1	...	...	1
...	...	...	...	...	3	17	...	2	...	...	...	...	1	4	1	...	16	12
1	...	...	...	...	1	8	1	5	...	1	9	...	1	3	...	...	42	39
...	...	...	...	...	1	1	...	2	...	...	1	...	...	...	...	...	...	1
...	...	...	...	...	...	1	...	...	...	...	2	...	...	3	1	...	...	2
...	...	...	...	1	9	4	...	2	...	...	4	1	2	2	3	...	14	4
...	3	1	...	1	8	12	2	8	...	...	18	4	...	10	...	...	59	13
...	...	...	...	...	4	1	2	3	...	...	3	2	1	1	...	...	13	5
...	...	...	...	...	...	1	...	1	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	4	2	...	3	...	...	1	...	1	2	...	...	7	1
...	...	...	...	...	1	9	...	1	...	...	4	...	...	4	...	...	18	12
...	...	...	...	...	...	7	1	2	...	...	2	...	...	...	...	...	10	18
...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	3	2
...	2	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	11	12
...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
...	1	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	2	1
...	...	...	...	...	4	3	1	...	...	...	5	...	...	2	1	...	19	3
...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	3	1	...	...	...	...	3	2	...	...	...	...	3	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	1	1	1	...	...	...	...	...	1	...	...	1	1
...	3	1	...	2	6	11	...	4	...	...	6	3	2	8	...	...	22	7
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	2	1	...	...	...	...	1	1	...	...	1	...	7	2
...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	3	3
...	...	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	3	3
...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	1	...	6	3
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	5	...	2	...	22	15	1	11	...	...	30	5	1	14	5	...	25	32

BUREAU OF VITAL STATISTICS

Reminders

Physicians and midwives or, in the absence of a professional attendant, parents are required to report births within ten days to the local registrar.

Failure to report births may deprive the individual of personal, social or property rights and is a violation of law. All proper names should be accurately and legibly written, as the permanent records are made from these reports.

Undertakers or persons acting as such are required to procure a death certificate before they can secure a permit to bury the body. Death certificates should be complete in giving cause of death and family history.

Marriages can be performed only in the town wherein the license is issued.

Local registrars should inform the Bureau of Vital Statistics, State Department of Health, of violations of the law, giving the names and addresses and the facts.

MAKE REPORTS PROMPTLY ON THE DATES REQUIRED BY LAW.

HYGIENIC LABORATORY
WASHINGTON, D. C.
24 No'19

CONNECTICUT

HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

JULY, 1919

In this Issue:

The Public Health Nurse

by

Prof. C.-E. A. Winslow

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ALL CORRESPONDENCE, except for laboratory outfits, should be directed to THE STATE DEPARTMENT OF HEALTH, STATE CAPITOL, HARTFORD

HYGIENIC LABORATORY
WASHINGTON, D. C

CONNECTICUT
HEALTH BULLETIN
A Journal to Promote Public Health
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Vol. 33 JULY, 1919 No. 7

Editorial

Typhoid Time Summer time is typhoid time. July, August and September invariably show a marked increase in this persistent disease. The typhoid rate in this state for the first half of the year has been very low, but an explosive outbreak which will send the rate soaring may be expected at any time during the summer months.

A Rural Disease Typhoid fever has become comparatively rare in urban communities. Chlorinated water supplies, pasteurized milk and indoor toilets have been the big factors in suppressing the disease in cities. In the United States more than 2,500 water supplies are now being chlorinated. In 1906 there were no chlorinated water supplies, and the national death rate from typhoid was 32.1 per 100,000. In 1916, according to the U. S. Census Bureau, there were over a thousand chlorinated water supplies and the typhoid rate had dropped to 13.3 per 100,000. But the disease persists in the rural districts, and it will continue as long as insanitary privies are tolerated and uncertain water supplies used.

Preventive Measures Vaccination against typhoid gives practically as certain protection as does vaccination against smallpox. The experience of the United States army removed whatever doubt may have existed regarding the efficacy of this preventive measure. But it would require years of effort to educate the public to the point where such vaccination could be made compulsory. A much simpler and perhaps as efficacious a remedy may be found in a widespread knowledge of the nature and source of typhoid fever.

The Source of Infection The only way anyone can contract typhoid is by taking into the system, through the mouth, germs which have come from the bowels of a person afflicted with the disease. The only known source of typhoid is human excreta. It is a repulsive thought, but the sooner this fact becomes common knowledge, the sooner will the public demand the standard of personal hygiene and cleanliness which will put typhoid among the obsolete diseases.

Do It Now Boil all drinking water which is not chlorinated or positively known to be safe. Pasteurize the milk. See that all toilets — yours and your neighbors' — are fly-proof. Avoid bathing beaches which may be polluted. Swat the fly. And never forget that the Old Oaken Bucket is likely to be as rich in germs as in sentiment.

Bureau of Child Hygiene

One of the most important contributions to the health laws of Connecticut made by the General Assembly during its late session was the provision for the establishment of a Bureau of Child Hygiene in connection with the State Department of Health. The sum of $25,000 for the two-year period ending June 30, 1921, was appropriated to carry on the work of the Bureau.

A Division of Public Health Nursing has also been added to the activities of the Department.

Miss Margaret K. Stack, R. N., has been appointed director of the Bureau of Child Hygiene, and she will also have charge of the Division of Public Health Nursing.

Special attention is called to the fact that the American Red Cross, which is now devoting great energy to the promotion of public health nursing, has decided to co-ordinate its activities in this branch of service with those of the State Department of Health and has appointed Miss Stack its representative in Connecticut.

The office of the Bureau of Child Hygiene and the Division of Public Health Nursing is located at 306 Church St., Hartford.

The Role of the Public Health Nurse in the Modern Public Health Campaign*

Prof. C.-E. A. Winslow

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The part played by the public health nurse in the modern public health campaign is a very significant indication of the trend of the times in the public health movement as a whole. I am accustomed to point out to my classes that public health has gone through three rather definite historic phases. When Sir John Simon initiated the public health movement in England fifty years ago he was interested mainly in environmental problems such as the cleaning up of masses of accumulated filth. When General Gorgas went to Panama, again his first problems were sanitary problems. The first things to do were to secure a water supply and a system of sewage disposal, to remove the mosquito-breeding marshlands and the like. In other words, public health began as an engineering problem, but very soon those engineering phases of the subject had become pretty well solved. They require attention day by day, but nevertheless the environment as a factor in disease is now measurably controlled, and health officers who are interested in quantitative public health — in the things that will save the greatest number of lives for the least money — don't spend much time on these environmental aspects. This engineering phase was succeeded by the phase of the bacteriologist. The attention of the health officer began to be turned from the environment to the community and the control of the various communicable diseases that spread by direct contact from person to person. The tragic experience of last October shows that we have still much to do in that direction. Even last year, however, the Autumn months of which witnessed the most terrible epidemic from which this country has ever suffered, — merging the autumn figures with the statistics for the year as a whole, we find that the communicable diseases were not the principal cause of death. Today the health officer is more and more turning his attention, without ignoring the sanitary and bacteriological phases of his work, to a study of new problems, and I think the future is going to be a period for the hygienist and the physiologist, rather than the bacteriologist and the engineer. The main problems pressing for solution — the campaign against infant mortality, tuberculosis, venereal diseases, constitutional diseases of adult life — are very largely problems concerned not with the environment, not even with the control of infected persons, but chiefly with the changing of the habits of individual daily living.

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Tuberculosis, for example, can be controlled to some extent by eliminating dust in factories and isolating the careless consumptive, but after all, our main weapon against this disease is personal hygiene. This means that the public health campaign of the present day must be an educational campaign. We can clean up the environment by act of the Board of Aldermen; we can control communicable diseases by police measures, but we can not change the habits of the man who works in the factory and the woman who brings up her babies in a tenement by any legal enactment. We can only change habits by education, and that is why education is the central problem in the modern health campaign; and the need for health education brings the health officer in contact with a whole group of allied professions. First, with the teacher, because as Dr. Howe brought out yesterday, all this special education rests, or ought to rest, on a sound basis of the knowledge and principles of general hygiene, which can only be imparted in the schools. And so it is the duty of the health officer and the public health nurse to know something about what is being done in the schools in regard to the teaching of health; to get behind the State Department of Education and see that the teaching of hygiene is not a frill and a fad, but is the most fundamental thing in the whole school curriculum.

We should do something more, however, than teach the general principles of personal hygiene. There is what we may call hygiene for the abnormal. There are certain principles — food, fresh air, exercises and rest, that everybody ought to know, but the person who has weak lungs needs more air, more food and less exercise than the normal man. The man with a weak heart needs less exercise; the man with some special disease of the kidneys needs some special kind of food. We need not only, then, to teach the general needs that apply to all. We want to teach the individual the particular kind of hygiene that he needs to know in order to use his particular machine with its defects and imperfections to the best advantage. That means a fundamental readjustment of the relation between the health officer and the physician and the nurse, because after all this kind of special hygienic education rests very largely on diagnosis, and this means ultimately that it must lead to a further and still more fundamental readjustment of the whole relation of the medical profession to the public. Just at present some are saying: "You must develop group medicine at once.

If not Health Insurance will get you, and that would be a dreadful thing;" while others cry with equal emphasis, "If you don't accept Health Insurance at once, State Medicine will get you, and that would be an unspeakable calamity." But one or the other of these methods of making medicine truly preventive is coming. The nurse will help us materially in working out this problem. If you will think about it you will all agree that the nursing profession is about twenty years ahead of the medical profession in the direction of making health work effective for prevention. The nursing profession is today very largely socialized. The nurse has organized her profession through visiting nurse associations in many communities so that sick nursing and health nursing are combined in one person who is at the disposal of rich and poor alike; and personally I believe that this sort of combination between the care of the sick and the teaching of the principles of health is a great contribution. I am inclined to suspect that no other kind of teacher can get the entry into the home, can secure the interest and co-operation of the people quite as well as the teacher who is able at the same time to relieve immediate physical suffering. When I speak of the public health nurse, therefore, I do not limit the term to the nurse in the employ of the city or town doing strictly educational work. I include every member of the visiting nurse association, if the visiting nurse association is properly organized and recognizes its responsibility for health teaching, and in this combination, that has been worked out in our best visiting nurse associations, of the care of the sick and the teaching of the well, we have not only a great contribution to social nursing but something very suggestive for the future development of social medicine. Whether a nurse is doing sick nursing or only educational work it is very clear that the nurse is the central figure in our educational movement. We can do something by lectures, something by exhibits and something by literature, but all of us who are doing public health work have serious doubts at times as to what we accomplish. There is just one kind of education that really "gets over" and that is the message that is carried from one individual to another at the time when the second individual is sick, or someone else in the family is sick, and they are all ready to learn what to do to get well. The nurse who does this is our best medium of communication. She carries the message to Garcia. Infant welfare work and infant welfare stations are valuable, but they accomplish relatively little unless there is a good force of nurses to go into the homes and carry those lessons over to the individual mother; to show her how the baby is to be cared for in the conditions under which that mother lives. In tuberculosis it is the nurse who finds the cases, who makes the preliminary selection and gets suspicious cases to come to the clinic for examination, and it is the nurse who makes possible care of the tuberculosis in the home. It is the nurse who trains other members of the family and enables them to avoid development of active disease. In the venereal disease campaign the nurse is playing an ever increasing part. She is the hand and the voice of the health officer reaching out to the individual citizen in all these fields. The health officer can not do this sort of thing himself, his clinic physicians can not do this. They are the centers of staff organization, but the nurse is the actual soldier in the field who goes right in the trenches and grapples face to face with the problems of the disease. In industrial hygiene, the same thing is true. In orthopedic and mental hygiene work and the newer fields opening for the public health nurse she is equally effective. If any of you health officers have nurses in your community doing nothing but school nursing you are losing the greatest opportunity at your disposal. You ought to have nurses enough to do all these things I have mentioned; nurses constantly working on your infant welfare problem, prenatal problem, tuberculosis problem, industrial hygiene problem, orthopedic cases, mental hygiene, and no doubt others.

I have spoken of these activities as separate. Personally, however, I do not believe that is the best arrangement. There is a profound readjustment going on in regard to this problem of specialization. There is often friction and often waste in having several kinds of nurses going to one home; in having one doing infant welfare work, one tuberculosis work and so on, each spending a large part of her time traveling from one place to another. I believe the best solution of our problem is the district nurse, working with a small population, doing sick nursing and all these varying kinds of hygienic teaching; being the community mother to that little group, the modern trained representative of the good neighbor who nursed in all our towns and villages in the old days. You remember there was always in every New York rural community an Aunt Jane or Aunt Susan who was always called in when anybody was sick. The district nurse is the trained, scientific representative of that good neighbor of those old days. We need one of these district nurses for every 2,000 population. While the number of public health nurses in New York State has increased from 134 to 870 nurses, about 2,500 nurses are needed to do this generalized sick nursing and educational work. Of course in the large cities and in the country sanitary districts specialists also are needed in the various lines mentioned to advise and assist the district nurse and take from her the more serious and critical cases. The specialist in infant welfare nursing and the rest should be the staff officer, advising, guiding, directing and assisting the line officer, who will be the district nurse.

It is fortunate that in America we do not start out by drawing up an elaborate plan of just how these things ought to be done. Just about this time two years ago I attended the first all Russian Congress of child welfare in Petrograd, and there in the midst of the Kerensky regime, when it was evident to everybody that the situation was rapidly going beyond any possible control, this group of physicians and social workers gathered in Petrograd, and drew up a plan that would stagger you in its completeness and beauty. They had everything in it from sloyd to school lunches. It was the most complete and elaborate scheme I have ever seen. We do not do things that way. We work things out as we can with the materials at hand and as we go along. Of course ultimately both the district sick nursing and educational work ought to be under the local health department. That is probably the ideal solution, but it will not come for a long time, and for the present it does not matter whether it is under the health department or the visiting nurse association or a child welfare organization as long as there is co-operation, guided and directed by the health officer; and if the health officer is tactful he can get this co-operation. It is the function of the health officer to see that through some channel he gets the public health nursing service that his community needs. It has been suggested, in one county, that the health department should underwrite the cost of such nursing service when it can not get the money to employ the nurses directly and then allow the nurses' organization to raise the funds. That seems a good plan, but there are a thousand plans that will work out in different communities. One nurse for every 2,000 population, with the nurses working in districts under the advice of specialists, is the ideal, however, that in some way or other should be set before us, and that is not a Utopian ideal. In my own city of New Haven we have now one nurse to every 3,000 persons. Once such work is well started one need never worry about public support. Nothing gets support more readily than public health nursing service if once it is begun and the community knows what is going on. The uniform of the visiting nurse in the city of New Haven is, next to the armed forces of the United States, the most popular thing seen on the streets of the city.

The most serious problem is the securing of a trained personnel, and that is true from one end of the public health field to the other. We need public health physicians, we need public health nurses, we need bacteriologists and statisticians and medical social service workers, and we need them terribly. I wonder sometimes if we in the public health field are courageous enough in demanding that people come and join us in this great work. There are plenty of places for training now, plenty of institutions giving courses in public health. We want young men and women to come and take those courses and enter into this field and help us, and if we make this call strong enough we shall get them. Last Summer I was a member of the faculty of the training camp which was preparing college women for nursing service at Vassar College. Four hundred picked women were there training primarily for war service. They came there thinking they would go to France. We did not think that very likely and tried to make them see the opportunities for service here at home; but they were loath to feel they would not get a chance to do something heroic behind the lines in France. What happened about a month after they left Vassar? They were thrown in the most terrific struggle against disease this continent has ever known. They were in the hospitals dealing with the influenza outbreak and running far higher risks than any nurses in war service ever ran. Many suffered and died in that struggle, and I think it was then that the nurses understood what we had tried to tell them, that peace hath her victories as well as war. Can't we put the enthusiasm we feel for this fight against disease into the appeal for others to enter into this field and help us? We are planning to re-make this world after the war; we are planning to meet the dangers of discontent and disruption in the only way they can be met, by making the world and our nation first of all a good nation for people to live in. In peace times man's love of his country will depend on how far his country is worth loving. We have to give more than we have given before to all the people of the United States if they are going to be loyal Americans, and first of all we have to give them health. It is not the most precious thing in life by all odds, but it is not a question of giving up other things. One of the surest ways to build up a strong nation is to develop this great health machinery in our hands, already growing so fast, wisely and sanely so far as possible, so that every man, woman and child will have a chance for the maximum physical health which his condition makes possible. To do this we must not only labor ourselves; we must persuade others to come in and work with us, so that we may all carry forward this great cause of public health and national efficiency to success together.

Health Fallacies

Half truths die hard. Notwithstanding the advances which have been made in public hygiene and preventive medicine in recent years and the dissemination of this information by means of lectures, literature and motion pictures, many of the old ideas regarding the origin of the communicable diseases still hold sway among a considerable portion of the population.

Diphtheria and sewer gas, typhoid fever and filth, malaria and miasma are still words which are inseparably connected in the minds of many. It is not uncommon to find people who will cross the street rather than pass a house containing a case of communicable disease, while dark and dirty corners are often referred to as "disease breeders."

Public health educational methods, to be fully effective, should not only substitute actual facts for such faulty traditions but should indicate clearly wherein these supposed causative factors contain the proverbial grain of truth. For example, health officers and other public health workers should emphasize the fact that diphtheria, typhoid fever and other communicable diseases originate only from previous cases or from persons who are carriers of specific organisms; that sewer gas is not a conveyor of infection but may cause lowered physical resistance; that decaying animal and vegetable matter, while offensive to the senses, is harmless so far as communicable diseases are concerned; that the effluvia of swamps are important only as an indication of places where the malaria mosquito may breed; and that disease organisms are not commonly conveyed by outdoor currents of air.

These facts should be supplemented with information relating to preventive measures, such as the use of antitoxin against diphtheria, of vaccine for immunization against typhoid fever, the best methods of draining swamps and low places, and other similar instruction.

Educational work of this kind is absolutely essential to progress in public health. It is not only an important duty of the health officer but reacts to his own benefit; for people who understand the truth are much more ready to carry out the laws of public health.

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Monthly Statistics

May — For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS,	2604	2926	2865	2906	2771
Birth Rate,	25.5	28.3	27.1	24.7	22.7
MARRIAGES,	940	1143	1327	881	933
Marriage Rate,	9.2	11.0	12.5	7.4	7.6
DEATHS,	1411	1664	1820	1483	1449
Death Rate,	13.8	16.1	17.2	12.6	11.8
COMMUNICABLE DISEASES,* DEATHS,	193	204	258	234	228
Per Cent to Total Deaths,	13.6	12.2	14.1	15.7	15.7
DEATHS UNDER 1 YEAR,	212	288	267	255	203
Rate per 1,000 *Births,*	79.7	105.6	92.8	81.4	65.6

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Including Influenza

Laboratory Statistics — May, 1919

Diagnostic Division

Typhoid	38
Diphtheria (Diagnosis),	139
Diphtheria (Release),	171
Diphtheria carriers: (Diagnosis),	15
Diphtheria carriers (Release),	12
Tuberculosis,	149
Syphilis,	886
Gonorrhœa,	70
Pneumonia,	2
Malaria,	5
Rabies,	4
Paratyphoid A,	38
Paratyphoid B,	38
Diphtheria virulence,	3
Feces for typhoid,	52
Special,	1
	1,623

Chemical Division

Water,	71
Milk,	142
Sewage,	4
	217

Special Division

Bacterial Analysis,	95
Sanitary Chemical,	103
Trade Wastes,	4
	202

Total all Laboratories, 2,042

May, 1919	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,464,360	29	878	191	39	180	10		172	19	624
NEW HAVEN CO.											
New Haven	168,132	9	33	9	3	34	6	....	30	....	160
Waterbury	107,151	2	106	35	....	18	1	....	10	2	22
Meriden (city and town)	32,800	1	4	8	....	3	....	....	9	....	7
Ansonia	17,459	....	6	....	....	....	....	....	2	....	14
Orange (inc. West Haven)	17,206	2	1	2	....	2	....	....	....	....	8
Naugatuck	13,714	....	6	3	....	2	....	....	1	....	1
Wallingford (town and boro)	11,916	....	....	2	....	....	....	....	2	....	2
Milford	11,095	....	13	2	1	2	....	....	1	....	4
Derby	10,302	....	....	....	1	3	....	....	....	....	1
Hamden	9,952	....	5	1	....	....	....	....	....	....	7
Branford (town and boro)	7,134	....	....	2	....	1	....	....	1	....	2
Seymour	6,853	....	7	1	....	1	....	....	1	....	4
Towns under 5,000	25,077	....	57	1	....	2	....	....	1	2	8
FAIRFIELD CO.											
Bridgeport	157,238	1	38	8	....	16	....	....	22	1	106
Stamford (city and town)	43,428	....	10	6	1	....	....	....	3	....	9
Norwalk	29,100	3	....	....	....	4	2	....	2	....	1
Danbury (city and town)	28,154	2	....	8	....	2	....	....	....	....	1
Greenwich (town and boro)	18,779	....	1	7	....	....	....	....	3	2	35
Stratford	14,384	....	....	1	....	2	....	....	2	....	1
Fairfield	12,187	....	....	....	....	....	....	....	....	....	....
Shelton	9,222	3	10	....	....	....	....	....	2	1	3
Darien	8,764	....	1	3	....	....	....	....	1	....	2
Westport	5,359	....	68	1	....	....	....	....	....	1	....
Towns under 5,000	25,867	....	50	....	....	1	....	....	1	....	11
HARTFORD CO.											
Hartford	134,155	....	35	12	4	28	1	....	19	1	91
New Britain	61,051	....	31	17	9	5	....	....	11	1	20
Bristol (city and town)	19,777	....	23	4	....	4	....	....	5	....	7
Manchester	19,590	1	1	7	....	1	....	....	....	....	6
Enfield	12,311	....	....	3	....	1	....	....	....	....	....
East Hartford	11,331	....	....	6	....	....	....	....	4	....	....
Southington (town and boro)	9,867	....	3	....	....	....	....	....	1	....	1
West Hartford	7,685	....	2	....	....	....	....	....	3	....	4
Winsdor	6,808	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,608	....	1	1	....	....	....	....	....	....	....
Berlin	5,562	....	2	....	....	....	....	....	2	....	....
Towns under 5,000	49,950	....	103	4	....	7	....	....	5	1	5
NEW LONDON CO.											
Norwich (city and town)	30,040	....	....	3	....	1	....	....	6	1	2
New London	27,669	1	2	2	....	11	....	....	3	1	3
Stonington (town and boro)	11,006	....	....	....	5	6	....	....	1	....	11
Groton (town and boro)	7,822	....	....	....	2	1	....	....	....	....	2
Towns under 5,000	30,436	1	10	....	12	4	....	....	9	5	5
LITCHFIELD CO.											
Torrington (town and boro)	22,693	....	....	....	....	....	....	....	....	....	....
Winchester (inc. Winsted)	9,789	....	1	2	....	....	....	....	....	....	4
Plymouth	7,234	....	....	5	....	1	....	....	....	....	1
Watertown	6,562	....	7	6	....	....	....	....	....	....	....
New Milford	5,156	....	1	....	....	....	....	....	....	....	....
Towns under 5,000	31,555	2	8	4	....	....	....	....	1	....	30
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	....	2	2	....	4	....	....	1	....	....
Putnam (city and town)	8,870	....	....	....	....	....	....	....	2	....	....
Plainfield	8,344	....	....	....	....	1	....	....	1	....	....
Killingly (inc. Danielson)	7,736	....	....	....	....	....	....	....	2	....	....
Towns under 5,000	15,187	....	23	....	1	3	....	....	2	....	6
MIDDLESEX CO.											
Middletown (city and town)	27,980	....	7	....	....	3	....	....	....	....	8
Towns under 5,000	26,941	1	75	2	....	6	....	....	....	....	....
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	....	....	1	....	....	....	....	....	....	....
Stafford (town and boro)	6,207	....	52	3	....	....	....	....	....	....	1
Towns under 5,000	14,082	....	73	7	....	....	....	....	....	....	8

May 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	**1,464,360**	**2771**	**84**	**933**	**1449**	**11.8**	**1.0**	**65.6**	**203**	**83**	**402**
Ansonia	17,459	51	2	9	13	8.9	.....	22.0	1	3	4
Berlin	5,562	7	....	3	3	6.4	.....	.....	....	....	3
Branford	7,134	10	1	1	9	15.1	3.3	302.5	3	....	3
Bridgeport	157,238	373	13	114	149	11.3	1.3	75.6	31	6	24
Bristol	19,777	53	1	25	15	9.1	.....	107.3	5	3	....
Danbury	28,154	29	1	16	28	11.9	1.7	24.8	1	1	6
Darien	8,764	9	....	....	7	9.5	.....	.....	....	....	6
Derby	10,302	28	5	7	17	19.8	1.1	66.9	3	....	1
East Hartford	11,331	12	....	4	8	8.4	1.0	53.3	1	....	2
Enfield	12,311	19	....	8	10	9.7	.....	62.6	2	....	1
Fairfield	12,187	20	....	4	9	8.8	.....	104.8	2	....	4
Glastonbury	6,608	8	....	3	2	3.6	.....	.....	....	....	1
Greenwich	18,779	44	2	18	22	14.0	1.2	70.8	3	....	7
Groton	7,822	13	....	8	11	16.8	1.5	65.9	1	....	6
Hamden	9,952	17	1	....	4	4.8	.....	55.5	1	....	1
Hartford	134,155	332	10	132	167	14.9	0.7	66.8	24	15	34
Killingly	7,736	12	....	7	7	10.8	.....	.....	....	....	5
Manchester	19,590	29	....	15	8	4.9	0.6	59.5	2	1	3
Meriden	32,800	79	3	19	38	13.9	0.3	54.6	4	3	14
Middletown	27,980	48	4	8	49	21.0	0.8	76.8	4	3	16
Milford	11,095	23	1	8	9	9.7	.....	.....	....	2	6
Naugatuck	13,714	16	1	13	13	11.3	2.6	146.7	4	....	3
New Britain	61,051	149	4	46	51	10.0	1.1	34.4	6	9	11
New Haven	168,132	369	7	133	157	11.2	1.4	41.9	17	12	45
New London	27,669	70	3	22	28	12.1	1.3	.....	....	4	9
New Milford	5,156	8	....	4	4	9.3	2.3	160.0	1	....	1
Norwalk	29,100	28	2	14	38	15.6	0.8	64.9	3	2	13
Norwich	30,040	58	3	21	45	17.9	1.5	61.5	4	1	11
Orange	17,206	29	1	7	28	19.5	0.6	111.4	3	1	8
Plainfield	8,344	12	1	7	7	10.0	2.8	88.2	1	....	2
Plymouth	7,234	7	1	5	2	3.3	.....	.....	....	1	1
Putnam	8,870	20	....	9	7	9.4	.....	54.7	1	....	3
Seymour	6,853	12	....	2	7	12.2	.....	55.8	1	....	3
Shelton	9,222	19	....	6	21	27.3	.....	47.0	1	2	1
Southington	9,867	13	....	4	8	9.7	2.4	111.1	2	1	2
Stafford	6,207	6	....	5	3	5.7	.....	175.1	2	....	....
Stamford	43,428	68	2	25	40	11.0	1.6	62.5	6	1	9
Stonington	11,006	12	....	10	12	13.0	2.1	157.8	3	....	7
Stratford	14,384	31	1	9	13	10.8	0.8	215.0	5	1	5
Torrington	22,693	48	1	8	16	8.4	0.5	95.6	5	....	....
Vernon	8,889	5	....	7	7	9.4	.....	230.7	3	....	2
Wallingford	11,916	11	1	3	9	9.0	2.0	.....	....	....	5
Waterbury	107,151	214	4	59	95	10.6	0.6	59.8	15	7	15
Watertown	6,562	7	....	5	3	5.4	.....	.....	....	....	1
West Hartford	7,685	12	....	3	6	9.3	.....	.....	....	....	2
Westport	5,359	5	....	1	7	15.6	.....	.....	....	....	4
Winchester	9,789	14	....	3	16	19.6	1.2	.....	....	2	4
Windham	14,194	39	....	8	19	16.0	0.8	143.8	5	....	7
Windsor	6,808	6	....	3	2	3.5	.....	133.3	1	....	....
Towns under 5,000	219,095	267	8	82	200	10.9	0.7	91.3	26	2	81

DEATHS FROM IMPORTANT CAUSES																	Institutional Deaths	Non-resident Deaths
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide		
5	14	2	4	21	46	130	22	109	6		147	17	13	70	23	2	407	204
...	...	...	...	...	1	...	1	...	...	...	1	...	...	1	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
...	...	...	...	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
...	2	...	...	...	3	13	3	15	...	...	15	1	1	6	3	...	60	5
...	...	...	...	...	1	...	...	...	...	...	1	...	...	2	...	...	...	2
1	...	...	...	1	...	3	...	3	...	...	2	...	2	1	1	...	10	7
...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	4	1
...	...	...	...	...	...	1	...	1	...	...	2	...	...	2	1	...	5	4
...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	1	...	...	1	...	...	3	...	...	...	...	...	...	...
...	...	...	...	1	...	...	...	1	...	...	1	...	...	1	...	...	...	3
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	2	1	2	...	...	2	...	...	1	...	...	6	1
...	...	...	...	...	...	1	...	2	...	...	2	...	...	1	...	...	...	1
...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	1	...	...	1
1	...	...	1	5	2	5	5	15	...	...	27	1	4	8	4	...	89	44
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1
...	...	...	...	...	1	1	...	2	...	...	1	...	...	...	...	...	...	1
...	...	1	...	...	4	6	1	2	...	...	...	...	...	5	...	...	8	5
...	...	...	...	...	...	5	1	3	...	...	5	...	...	1	...	...	31	25
...	...	...	...	2	...	...	...	2	...	...	...	...	...	1	...	...	...	...
...	1	...	...	...	...	2	...	...	...	...	2	...	...	1	...	...	...	...
...	2	...	1	2	3	5	1	3	...	...	2	3	...	3	...	...	10	1
...	1	...	...	...	6	10	2	8	2	...	19	1	4	11	1	...	56	15
1	...	...	...	3	2	2	...	...	...	...	5	...	...	...	...	...	9	4
...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...
1	...	...	...	2	...	1	...	3	...	...	4	...	...	2	1	...	7	3
...	...	...	...	...	1	12	1	5	1	...	2	...	1	2	...	1	16	8
...	...	...	...	...	...	12	...	1	1	...	1	1	...	1	...	...	5	4
...	...	...	...	...	...	1	...	1	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	2	1
...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...
...	2	...	...	...	...	15	...	1	...	...	...	...	...	1	...	...	15	15
...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...
...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
...	...	...	...	...	2	4	...	6	...	...	3	2	...	2	2	...	12	6
...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	...	...	...	...
...	...	...	1	...	1	1	1	1	...	...	1	...	...	1	...	...	4	1
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...
1	5	1	...	3	2	5	1	4	2	...	13	1	1	3	2	1	29	12
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1
...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	3	4
...	...	...	...	...	...	1	...	1	...	...	4	...	...	1	...	...	6	3
...	...	...	...	1	1	1	...	2	...	...	1	...	...	...	...	...	4	1
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	1	1	11	13	...	19	...	...	16	3	...	4	5	...	15	21

V. N.

It's a riddle.

Connecticut has 175.
Connecticut needs 350.
New Haven County has 79.
Hartford County has 35.
Fairfield County has 24.
The rest of the State has 37.
Which is mighty thin spreading.
And accounts for many baby deaths
And other things.

The riddle is:

Why does any modern community deny itself
The manifold benefits of the Visiting Nurse?

WASHINGTON, D. C.

22 No'19

CONNECTICUT
HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

AUGUST, 1919

In this Issue:

THE TYPHOID EPIDEMIC AT PLAINVILLE

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WASHINGTON, D. C

CONNECTICUT
HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 33 AUGUST, 1919 No. 8

Editorial

A Valuable Book. A new book, "The Health Officer," has just been published by W. B. Saunders Company, Philadelphia. Written by Dr. Frank Overton, Sanitary Supervisor of the New York State Department of Health, and Dr. Willard J. Denno, medical director of the Standard Oil Company, the volume contains the information which the average health officer must have in order to discharge his duties. It tells the health officer what to do, how to do it, and why he should do it. It describes the various activities in which a health officer engages; his relation to boards of health, physicians, social agencies and the public; his qualifications and methods of work; the various diseases and insanitary conditions with which he deals; and the scientific principles on which the specialty of preventive medicine is founded. While the book is designed primarily for health officers, its simple language and non-technical form will commend it to public health nurses, members of boards of health, social workers, teachers and others who are interested in public health work.

The Punishment Fits the Crime. Oklahoma is progressive. It is one of the very few states which provide adequate punishment for the crime of exposing another to venereal infetcion. In a recent case a prisoner received a sentence of five years upon conviction for the transmission of syphilis to the complaining witness. The incident is noteworthy because it establishes a wise precedent. The severity of the sentence will cause reflection upon the enormity of the offense; knowledge of it will act as a powerful deterrent to others afflicted with venereal infection. There is no reason why a crime so heinous should not be placed in the same category with rape; it is quite as serious an invasion of personal rights, usually more dangerous to the health of the victim and always more dangerous to the public health.

The Weekly Morbidity Report. Beginning in September the Bureau of Preventable Diseases will issue every Monday a statement of communicable diseases reported to the department for the preceding week. The statement will include all cases reported before 11 a. m. on the date of issue, and copies will be mailed as first class matter to all newspapers and health officers in the state. It is believed that the report will prove of real value in the health work of the state, as it will enable health officers to see at a glance just what diseases are most prevalent in the state, and it will give our newspapers timely information of interest to their readers.

Removal Notice. Dr. C. J. Bartlett, Director of the Bureau of Laboratories, has asked the editor to notify all physicians and health officers in the state that the post-office address of the Bureau has been changed from Drawer 151 of the old post-office to Drawer 1104, New Post-Office, New Haven.

Pneumonia a Reportable Disease. The Sanitary Code requires that all cases of lobular pnuemonia shall be reported to the local health officer as soon as diagnosis can be made. Recent peports of deaths indicate that this disease is not well reported, as our records show more pnuemonia deaths than cases. While this Department does not expect a reoccurrance of respiratory diseases, such as was experienced last year, yet many cases of pneumonia will occur. Prompt reporting by physicians will enable the Department and the local health authorities to take appropriate action.

The Typhoid Epidemic at Plainville

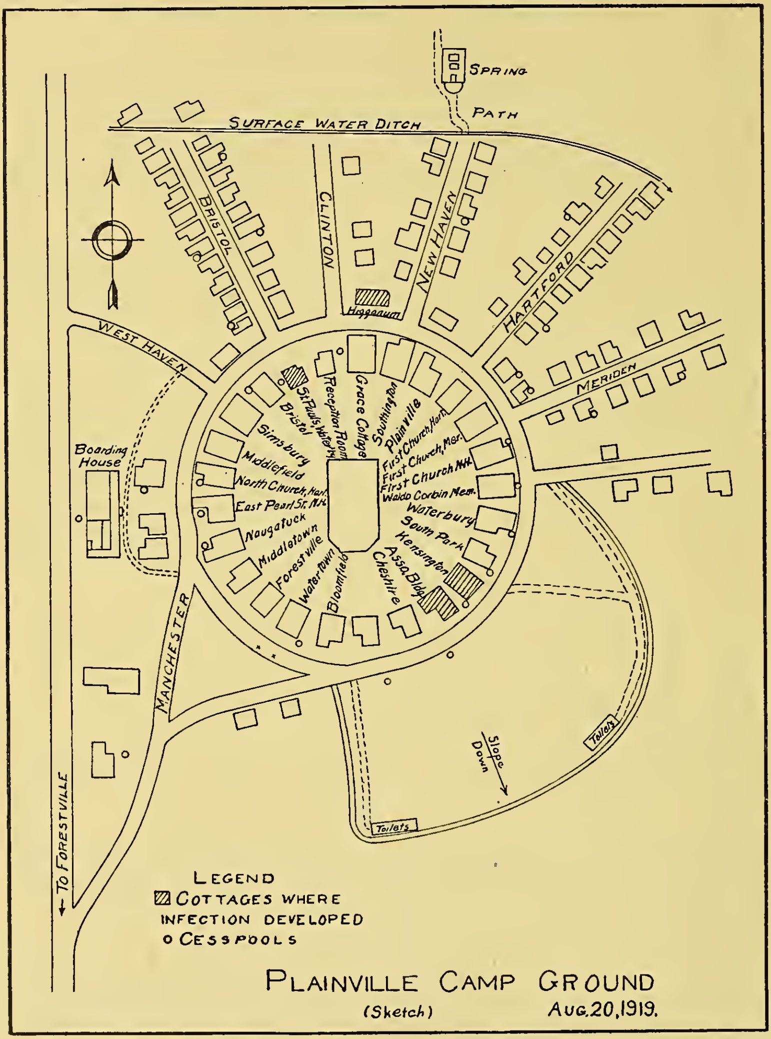
Six cases of typhoid fever in the village of Kensington, town of Berlin, were reported by the health officer of Berlin August 14, 1919. On August 15 the city of Hartford and the town of Haddam each reported two cases, all of which proved to be closely connected with the Kensington cases. Later another case was reported from New Canaan.

An investigation was immediately instituted by the State Department of Health, and it was established that all of the eleven cases developed during the first week of August. Allowing two weeks for the period of incubation, the third week of July was fixed as the *time of infection.* Inquiry concerning the activities of the patients during that week showed that all of them had spent all or part of that week at the Methodist Campmeeting Grounds at Plainville, Connecticut. All the patients were there Sunday, July 20, and three of them were there only on that day. These facts fixed the camp grounds as the *place of infection*, and a most thorough investigation was made at that place in an effort to discover the source of infection.

The camp is located in the woods in the northwestern part of the town of Plainville. It is laid out on the usual plan for such places and consists of a central auditorium surrounded by approximately a hundred cottages. The southeastern part of the grounds slopes downward toward a swamp, on the edge of which the two outside toilets of the camp are located. These toilets are of a dangerous and filthy type, being constructed without pits or screens and depending for sanitary protection on the frequent removal of their contents. The houses as a rule were poorly screened.

The camp is used by various religious sects during the summer season, the population varying from a few hundred on week-days to about 2,000 on Sundays. During the week of July 20 it was occupied by Methodists, and it was among them that all the cases developed. At the time of the inspection, several weeks later, an Adventist meeting was in progress and none of these visitors were infected.

The water supply for the camp is obtained from the Bristol reservoir, which is also the source of supply for Bristol, Forest-



PLAINVILLE CAMP GROUND
(Sketch) AUG. 20, 1919.

ville and Plainville. It is piped into many of the cottages and to faucets located at various points of the road which encircles the camp. Water is also obtained from a large spring on the north side of the grounds. The spring is situated on a hill sloping toward the camp and is several hundred feet from the nearest cottages.

There is but one restaurant or boarding house on the grounds. This is located on the western edge of the camp and is large enough to accommodate 150 at a sitting. With but few exceptions all campers and transient visitors obtain their food at this place, either eating it on the premises or taking it, already cooked, to the cottages. No food peddlers are permitted on the grounds. The boarding house is under the management of one of the association members, who has had charge of it a year or more. The food is handled by colored help who have been in the employ of the boarding house since the camp was opened several years ago. The two or three waitresses are from families who have cottages at the camp. On Sundays and at other times when there are many visitors additional help is brought in.

The milk supply during the week in question came from three nearby farms and amounted to approximately forty quarts a day. The entire supply was sent to the boarding house, none of it being delivered to individual cottages. The food, milk and water supplies were common to all campers.

The attention of the investigators was first directed to the water supply. Examination of the Bristol water proved negative. The spring water was found to be contaminated by B. colli. This water was colder than the Bristol supply and was quite generally used by at least two-thirds of the camp population. Between the date of the outbreak and the time of inspection, probably two thousand people drank freely of this water and no further cases developed. This fact eliminated the spring as a likely source of infection, notwithstanding the contamination. As a precaution, however, the spring was ordered closed.

In investigating the milk supply the surprising discovery was made that the farmer who furnished most of the milk was the same man who attended to the cleaning of the toilets and the collection of the garbage. Upon being questioned this man admitted that during rainy weather the milk was frequently delivered in the same wagon which he used to haul away the garbage and privy contents. Inquiry and references to the weather reports showed that rainy weather prevailed during the week in question. Drippings along the camp road which the wagon traversed after collections from the toilets indicated the careless manner in which this work was carried on.

An examination was made of every person employed at the restaurant and also of the producers and handlers of the milk and ice cream used on the grounds. Tests by the Widal method and for typhoid bacilli in the excreta all proved negative, although one or two persons gave a history of typhoid. Examinations were extended to some of the associates in the affected houses, but these, too, proved negative.

The outbreak was limited to three cottages, seven cases in the Kensington House and two each in the Higganum House and the Association building. At the Kensington House the patients ranged in age from fourteen to nineteen years, three being males and four females. The Association building patients were both females, aged twenty-eight and fifty respectively. The Higganum patients, a man and his wife, were sixty-nine and fifty-nine years of age. All the patients ate food prepared at the boarding house. Those at the Kensington and Higganum cottages brought their food to the cottages to eat, while the Association patients took their meals at the boarding house. At the time of infection the Association building was occupied by about twenty people, the Kensington House by fourteen and the Higganum House by three or four.

The history of the various cases showed that there had been no picnics or "hikes" where the infection might have been contracted outside the grounds. The theory of contaminated milk supply was weakened by the assertion of four of the patients that they did not consume milk in any form while at the camp. Three of the patients said they had not used any of the spring water.

By process of elimination the source of infection was reduced to three possibilities:

1. A walking case of typhoid. There is a good history of one of the patients having felt ill for several days before the

onset of the other cases, though she took to bed about the same time. *Within a week* after taking to bed, this patient developed intestinal hemmorrhage, a condition which lends weight to the theory of a walking case. There is a definite history of contact at the time of infection between this patient and all but two of the others.

2. Direct contact with infected fecal matter. Toilet drippings along the road were undoubtedly picked up by the shoes and rubbers of many campers. Fingers which came in contact with such shoes or rubbers may have carried the infection to the mouth. A more probable contact is suggested by the fact that milk-cans were carried in the same wagon used to convey the privy contents. A small particle of infected matter which had clung to a milk-can may have been transferred to food by one of the employes at the restaurant. As the food supply was common to all cases, this theory of the source of infection is quite tenable.

3. A typhoid carrier. Although examinations of excreta for typhoid bacilli and of the blood by the Widal method were made upon many of the contacts, it is probable that some of the contacts were not reached because many of the persons who occupied the camp at the time of infection had left for their homes in various parts of the state before the investigation was begun. In every large gathering of people there is almost certain to be one or more typhoid carriers. There is also the possibility that one of the patients was a "precocious carrier," i. e., a person who passes the bacilli before any of the outward symptoms of the disease develop.

The possibility of fly-borne infection is considered remote because the houses in which the cases were grouped were no more exposed to fly infection than a majority of the houses in the camp.

Diphtheria an Unnecessary Evil

September will mark the beginning of the danger season for diphtheria infection. Every school house is liable to have one or more mild, unrecognized cases, and such cases are the greatest spreaders of the disease.

Diphtheria killed 201 Connecticut children in 1918. There is every indication that the disease will be more prevalent during the coming fall than it was at the corresponding period last year. For the sake of preparedness every health officer should have on hand a sufficient supply of antitoxin. It is important for the health officer to know that his supply is not outdated. Outdated antitoxin should be returned immediately for replacement.

Diphtheria antitoxin is no longer supplied by the State Department of Health in 3,000 unit packages, as it is believed that this dose is too large for immunizing purposes and too small for therapeutic use. The department furnishes 1,000, 5,000 and 10,000 unit doses.

It is scarcely an exaggeration to say that every child who dies of diphtheria is a victim of ignorance or carelessness. Science has provided both a prophylactic and a cure for the disease. Children can be vaccinated and protected against diphtheria almost as effectively as they may be protected by vaccination against smallpox.

All persons are not susceptible to the disease. A small proportion of children are immune from birth and a large percentage during the nursing period. At the age of one year about 30% are non-susceptible and the percentage of immunes increases as children grow older until at the age of twenty immunity extends to perhaps 85%. That is the reason so few cases develop in adults.

Not content with furnishing both a preventive and a cure for diphtheria, science has taken a further step by providing a means to determine whether or not a person is susceptible to the disease. This method of determining immunity is known as the Schick test. It is very simple and consists in injecting a few drops of prepared diphtheria toxin into the skin and then watching for the appearance of a characteristic red spot where the injection was made. If such a spot does not appear within two or three days it shows that the person cannot catch diphtheria. There is no pain, soreness or sickness connected with the test.

For those in whom the characteristic redness appears, and who are therefore known to be susceptible to diphtheria infection, physicians now recommend a course of protective injections similar to those which have proven so effective against typhoid fever. This protective treatment consists of three small injections of toxin-antitoxin, a week apart. There is no sore such as follows vaccination against smallpox, and the injections are harmless.

Even when diphtheria develops there is no reason for its terminating fatally, provided antitoxin be administered soon enough and in a sufficiently large dose. But the disease develops so rapidly that a delay of 12 or 24 hours may prove fatal. The curative value of antitoxin depends almost entirely on the size of the initial dose and the time and method of administration. The indicated dose varies from 5,000 to 10,000 units for infants under two years of age, from 5,000 to 20,000 for children under fifteen, and from 5,000 to 40,000 units for adults, the amount to be used depending upon whether the case is mild, severe or malignant. When antitoxin is administered subcutaneously, at least 24 hours are required before the bulk of the dose can be fully absorbed by the blood and carried to the tissues. Intramuscular injections are absorbed four times faster and intravenous injections ten times faster. It is useless to administer a second or third dose before the first has been fully absorbed. In giving a divided dose we get only the effect of the first portion during the interval required for its complete absorption. The safe plan is to give a single dose large enough and early enough, and to give it intramuscularly or intravenously in severe or or malignant cases.

In any case where diphtheria is suspected, the physician should administer antitoxin without waiting for the full development of symptoms or for a laboratory report on a throat culture. No harm will be done even if the case proves not to be diphtheria.

The fight of health officials against diphtheria has now been reduced to a battle against ignorance. If every parent could know these facts concerning the prevention and cure of this bane of child life, diphtheria would soon be relegated to its proper place among the obsolete diseases. There has been a disposition in past generations to look upon disease and untimely death as inevitable — as a burden imposed for some mysterious reason upon mankind by an all-wise Providence. The advance of preventive medicine, however, has shown that heaven helps those who help themselves, and men and women need not bend their necks in helpless submission to communicable diseases.

Monthly Statistics

June—For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS, *Birth Rate,*	2563 25.1	2573 24.9	2982 28.2	2931 24.9	2361 19.0
MARRIAGES, *Marriage Rate,*	1410 13.8	1893 18.3	2005 19.0	1409 11.9	1681 13.7
DEATHS, *Death Rate,*	1290 12.6	1473 14.2	1496 14.1	1273 10.8	1211 9.9
COMMUNICABLE DISEASES,* DEATHS, *Per Cent to Total Deaths,*	176 13.6	178 12.0	224 14.9	171 13.4	179 14.7
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	212 79.7	214 78.4	221 76.8	214 68.3	181 58.5

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Including Influenza

Laboratory Statistics — June, 1919

Diagnostic Division

Typhoid	44
Diphtheria	
Diagnosis	119
Release	97
Diphtheria carriers	
Diagnosis	0
Release	8
Tuberculosis	139
Syphilis	626
Gonorrhoea	51
Glanders	2
Malaria	2
Rabies	8
Paratyphoid A	44
Paratyphoid B	44
Diphtheria virulence	6
Special	2
Total	**1192**

Chemical Division

Water	91
Sewage	4
Milk	298
	393

Special Division

Bacterial Analysis	102
Sanitary Chemical	83
Trade Wastes	0
	185

Total all Laboratories 1770

June, 1919	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Poeumonia Lobar	Other Com. Diseases
State Total	1,464,360	23	383†	127	58	122	2	1	175	7	440
NEW HAVEN CO.											
New Haven	168,132	4	41	6	....	24	....	....	34	....	120
Waterbury	107,151	2	42	16	....	16	1	....	15	....	23
Meriden (city and town)	32,800	....	2	6	....	2	....	....	5	....	7
Ansonia	17,459	1	5†	....	4	1	....	....	....	....	1
Orange (inc. West Haven)	17,206	....	3	1	....	....	....	....	1	....	1
Naugatuck	13,714	....	....	....	....	....	....	....	....	....	2
Wallingford (town and boro)	11,916	....	....	....	....	1	....	....	3	....	3
Milford	11,095	....	12	3	....	2	....	....	....	....	....
Derby	10,302								2		2
Hamden	9,952	1	25	2	....	....	....	....	....	....	8
Branford (town and boro)	7,134	....	....	....	....	....	....	....	2	1	1
Seymour	6,853	....	1	....	....	....	....	....	....	....	....
Towns under 5,000	25,077	1	2	1	....	2	....	....	1	....	11
FAIRFIELD CO.											
Bridgeport	157,238	....	51	7	....	11	....	....	16	....	62
Stamford (city and town)	43,428	1	2	7	....	3	....	....	11	....	3
Norwalk	29,100	....	....	....	....	....	....	....	5	....	....
Danbury (city and town)	28,154	1	....	5	....	....	....	....	1	....	1
Greenwich (town and boro)	18,779	....	1	2	....	1	....	....	1	....	5
Stratford	14,384	....	....	....	....	1	....	....	2	....	3
Fairfield	12,187	....	....	....	....	....	....	....	....	....	....
Shelton	9,222	....	....	....	....	2	....	....	1	....	2
Darien	8,764	....	....	....	....	....	....	....	....	....	2
Westport	5,359	....	10	....	....	1	....	....	....	....	....
Towns under 5,000	25,867	....	7	....	....	....	....	....	1	1	4
HARTFORD CO.											
Hartford	134,155	3	11	17	2	16	....	....	13	....	68
New Britain	61,051	1	31	11	....	8	1	....	14	....	21
Bristol (city and town)	19,777	....	14	10	....	2	....	....	5	....	....
Manchester	19,590	....	....	....	....	....	....	....	3	....	14
Enfield	12,311	....	....	....	....	1	....	....	....	....	....
East Hartford	11,331	....	....	7	....	....	....	....	5	....	1
Southington (town and boro)	9,867	....	3	1	....	....	....	....	1	....	1
West Hartford	7,685	....	2	....	....	1	....	....	1	....	2
Windsor	6,808	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,608	....	....	2	....	....	....	....	....	....	....
Berlin	5,562	....	....	....	....	....	....	....	1	....	....
Towns under 5,000	49,950	2	17	2	....	5	....	....	5	....	12
NEW LONDON CO.											
Norwich (city and town)	30,040	1	1	1	3	1	....	....	6	....	7
New London	27,669	....	4	4	2	6	....	....	4	....	6
Stonington (town and boro)	11,006	....	....	....	12	....	....	....	....	....	5
Groton (town and boro)	7,822	....	1	....	....	1	....	....	2	....	1
Towns under 5,000	30,436	3	2	....	35	1	....	....	1	2	2
LITCHFIELD CO.											
Torrington (town and boro)	22,693	....	....	1	....	2	....	....	....	....	....
Winchester (inc. Winsted)	9,789	....	2	....	....	1	....	....	....	....	....
Plymouth	7,234	....	....	2	....	....	....	....	....	....	....
Watertown	6,562	....	7	1	....	....	....	....	....	....	1
New Milford	5,156	....	....	....	....	....	....	1	....	....	....
Towns under 5,000	31,555	....	5	1	....	2	....	....	1	....	15
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	1	7	3	....	....	....	....	....	....	2
Putnam (city and town)	8,870	....	....	1	....	1	....	....	2	....	2
Plainfield	8,344	....	....	....	....	....	....	....	....	1	....
Killingly (inc. Danielson)	7,736	....	....	....	....	1	....	....	1	....	....
Towns under 5,000	15,187	....	3	....	....	1	....	....	2	....	....
MIDDLESEX CO.											
Middletown (city and town)	27,980	1	3	....	....	3	....	....	3	....	10
Towns under 5,000	26,941	....	21	5	....	2	....	....	2	1	9
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	....	....	1	....	....	....	....	2	....	1
Stafford (town and boro)	6,207	....	7	....	....	....	....	....	....	....	....
Towns under 5,000	14,082	....	38	1	....	....	....	....	....	....	....

June 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2361	100	1681	1211	9.9	0.9	58.5	181	68	348
Ansonia	17,459	24	....	6	14	9.6	2.0	44.0	2	3	2
Berlin	5,562	6	....	5	3	6.4	.....	123.7	1	....	1
Branford	7,134	4	....	4	5	8.4	.....	.....	....	....	1
Bridgeport	157,238	342	12	163	114	8.7	0.9	68.3	28	12	17
Bristol	19,777	39	1	23	13	7.8	1.8	85.8	4	1	2
Danbury	28,154	41	1	25	34	14.4	.....	124.2	5	1	11
Darien	8,764	5	....	4	5	6.8	.....	.....	....	....	4
Derby	10,302	28	2	15	14	16.3	.....	178.4	8	....	3
East Hartford	11,331	12	....	11	10	10.5	2.1	106.6	2	1	3
Enfield	12,311	20	1	20	6	5.8	0.9	.....	....	1	....
Fairfield	12,187	19	2	6	11	10.8	1.9	157.2	3	....	3
Glastonbury	6,608	9	....	5	4	7.2	.....	.....	....	....	2
Greenwich	18,779	38	1	40	17	10.8	1.9	70.8	3	....	5
Groton	7,822	11	3	12	6	9.2	.....	131.8	2	....	3
Hamden	9,952	7	1	13	4	4.8	1.2	.....	....	....	1
Hartford	134,155	303	14	221	130	11.6	0.9	61.2	22	7	30
Killingly	7,736	5	....	9	2	3.1	.....	.....	....	....	2
Manchester	19,590	30	....	24	9	5.5	.....	59.5	2	....	3
Meriden	32,800	45	1	56	30	10.9	1.0	68.3	5	....	8
Middletown	27,980	35	....	27	31	13.2	0.8	57.6	3	1	10
Milford	11,095	18	....	8	7	7.5	2.1	.....	....	....	2
Naugatuck	13,714	31	....	19	15	13.1	2.6	110.0	3	1	3
New Britain	61,051	108	8	67	34	6.6	0.7	45.8	8	3	8
New Haven	168,132	307	11	204	152	10.8	0.5	56.7	23	14	38
New London	27,669	63	2	41	28	12.1	0.8	64.1	4	2	6
New Milford	5,156	7	1	5	13	30.2	4.6	160.0	1	1	8
Norwalk	29,100	30	2	34	22	9.0	0.8	43.3	2	1	9
Norwich	30,040	58	4	48	35	13.9	0.7	.....	....	1	11
Orange	17,206	30	4	17	27	18.8	1.3	37.1	1	1	8
Plainfield	8,344	11	1	15	4	5.7	1.4	.....	....	....	1
Plymouth	7,234	13	....	6	2	3.3	.....	.....	....	....	1
Putnam	8,870	10	....	15	11	14.8	.....	54.7	1	....	3
Seymour	6,853	12	2	5	4	7.0	3.5	55.8	1	....	....
Shelton	9,222	17	1	10	16	20.8	.....	47.0	1	....	2
Southington	9,867	9	1	17	3	3.6	.....	55.5	1	....	1
Stafford	6,207	6	....	5	6	11.5	1.9	86.9	1	....	2
Stamford	43,428	48	1	49	30	8.2	0.8	31.2	3	....	12
Stonington	11,006	18	2	19	10	10.9	.....	157.8	3	....	3
Stratford	14,384	23	1	5	11	9.1	0.8	43.0	1	1	2
Torrington	22,693	38	1	24	14	7.4	0.5	.....	....	1	7
Vernon	8,889	12	....	18	3	4.0	1.3	76.9	1	....	1
Wallingford	11,916	16	....	3	8	8.0	2.0	138.4	3	....	2
Waterbury	107,151	162	11	118	60	6.7	0.7	39.9	10	6	8
Watertown	6,562	6	....	6	3	5.4	.....	120.0	1	....	2
West Hartford	7,685	12	....	4	9	14.0	.....	292.6	4	....	3
Westport	5,359	6	....	5	5	11.1	.....	115.3	1	....	3
Winchester	9,789	13	1	15	11	13.4	.....	.....	....	1	2
Windham	14,194	25	1	18	15	12.6	.....	86.3	3	1	6
Windsor	6,808	4	....	3	5	8.8	1.7	133.3	1	....	1
Towns under 5,000	219,095	225	6	189	186	10.1	0.7	45.6	13	7	82

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
3	6	3	4	16	19	118	22	111	7	3	57	42	14	79	17	5	372	201
...	...	...	...	...	...	2	...	2	1	...	1	3	...	1	...	...	...	...
...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
...	2	1	...	2	...	9	1	6	1	...	3	9	2	5	1	...	44	1
...	...	...	...	...	...	2	...	1	...	...	...	...	...	1	1	...	...	...
2	...	...	...	...	...	...	1	3	...	...	2	...	...	4	...	1	11	7
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	4	3
...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	1	...	6	5
...	...	...	...	...	...	1	1	4	1	...	1	1	...	...	...	...	...	...
...	...	...	...	...	...	1	...	...	1	...	...	...	...	4	...	...	...	2
...	...	1	...	...	...	...	...	1	...	...	1	1	1	1	1	...	...	...
...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	3	...	1	...	...	...	1	...	...	...	...	6	3
...	...	...	...	...	...	...	...	3	...	...	1	...	...	...	...	...	...	...
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...	...	...	1	1	3	7	2	15	...	...	6	5	4	9	3	1	72	32
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1	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...
...	...	...	...	...	1	7	...	4	...	1	...	2	...	3	...	...	12	9
...	...	...	...	1	1	4	...	2	...	...	1	...	...	1	1	...	20	14
...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	1	3	...	...	...	...	2	1	...	...	...	...	...	2
...	...	...	1	1	1	2	1	...	1	...	2	...	...	2	1	...	7	...
...	...	...	...	2	2	5	7	19	...	...	13	5	1	15	2	...	55	12
...	...	...	...	1	2	2	...	4	...	...	1	1	2	3	1	...	8	5
...	...	...	...	...	...	2	...	3	...	1	...	...	...	...	...	...	2	...
...	...	...	...	...	...	...	...	5	...	...	...	1	1	3	...	...	6	3
...	...	...	...	...	...	6	...	5	...	...	1	...	2	2	1	1	17	12
...	...	...	...	...	...	14	1	1	...	...	...	...	...	...	1	...	12	14
...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
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...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	12	...	...	...	...	...	...	...	...	...	...	11	11
...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	3	1
...	...	...	...	...	...	1	1	1	...	...	1	1	1	1	...	...	13	5
...	...	...	1	1	...	...	...	2	...	...	1	1	...	...	...	...	...	...
...	...	...	...	...	...	1	...	2	...	...	2	...	...	...	...	...	...	...
...	...	...	...	...	...	1	...	1	1	...	...	1	...	1	...	...	1	1
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...	...	...	...	6	1	4	2	3	...	...	4	2	...	5	...	1	20	6
...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
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...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3
...	...	...	...	...	1	...	1	1	...	...	1	...	...	...	2	...	6	3
...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	2	2
...	...	...	...	...	1	1	...	1	...	...	...	...	...	1	...	...	...	1
...	3	...	...	...	3	21	2	13	...	1	7	2	...	14	1	...	22	36

Mr. Somebody.

He's a mysterious and elusive fellow.

Everybody's heard about him.

Everybody knows just what he ought to do.

But he never seems to be on the job.

Folks say: "Somebody ought to do something about it."

But they can't find Somebody and the thing's never done.

It's shameful the way he shirks his duties.

Perhaps it's because he has so much to do.

Every day we see a danger Somebody ought to look after.

If Somebody doesn't do it, the danger will remain.

Why not beat Somebody to it and do the thing ourselves?

Let's try it, Everybody, and see if Somebody kicks.

WASHINGTON, D. C
22 No'19

CONNECTICUT HEALTH BULLETIN

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The State Department of Health

John T. Black, M. D., *Commissioner*

SEPTEMBER, 1919

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CHILD HYGIENE

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WASHINGTON, D. C

CONNECTICUT
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Child Hygiene*

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AND
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Infant Mortality Rates. — An infant mortality rate is the number of deaths among each 1,000 infants under one year of age. The number of infants under one year old in a community is reckoned as the number of births in that community during the year. An infant mortality rate is, therefore, the annual number of deaths of infants under one year old among each 1,000 births occurring annually in that community.

The death-rate for persons of all ages in New York City was nearly 30 per 1,000 inhabitants up to about the year 1890. The greatest death rate for any age group was that of infants under one year old, among whom it was nearly 300, or ten times the rate for the whole city. The death rate of New York City for 1917 was approximately 14, while the infant mortality rate was slightly under 100. The greatest saving in life has been among infants, and the greatest factor in the work has been the City Department of Health.

Child hygiene work was begun in the larger and more progressive cities. Their complete surveys of the field have been made, and methods of work have been developed and standardized. Wherever the work has been extended to the smaller cities and to villages, the results have been great. Although environmental conditions are far more favorable to children in the country than to those in the city, yet the personal elements are the same in both places, and rural mothers need instruction and supervision quite as much as those in the city. If the infant mortality rate in New York City is below 100, that in a small city, or village, or rural district should be below 50, and can be reduced to that figure by an application of the same principles that are applied in the city. It is the duty of every health officer to promote the work of child hygiene. If he fails to do so, he neglects one of his greatest fields of usefulness. The need for the work is universal, and exists in the country as well as in the cities. One-fifth of all deaths at all ages occur in persons under one year of age, and one-third occur in those under five years of age.

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Organization of Rural Child Hygiene Work. — Child hygiene work cannot be done in a formal, perfunctory way as is possible in establishing quarantines and suppressing nuisances. A health officer will accomplish little simply by visiting sick children and giving prescriptions and rapid-fire advice to mothers. Even a system of medical inspections will reach only the babies that are already sick. Effective work can be done only by reaching the babies while they are well, and by teaching the mothers how to prevent their babies from becoming sick. The greater part of the work is educational, and must be done through personal attention to the individual mothers. The staff that is essential must include, first, a public health nurse, and second, a group of intelligent women who will provide the nurse with supplies and create public sentiment in favor of the work.

A practical method of starting child hygiene work in a small city or a rural community is that the health officer take the following steps:

1. Arouse the interest of a group of women who will form an organization to promote and finance the work until the municipality is ready to assume it.
2. Secure the service of a nurse.
3. Make arrangements for the medical examination and supervision of the children. The health officer and the practising physicians of the community will find that the experience and knowledge gained from the work will repay them for the time and efforts which they give to it.

When a nurse begins work in a new field, she will adopt the following order of procedure:

1. Obtain a list of babies from the registrar.
2. Visit the mothers in their homes and observe the conditions of the babies.
3. Assist the mothers in the care of the babies that are sick or below a normal physical standard.
4. Arrange for meetings of groups of mothers.

5. Establish an infant welfare station after she has become familiar with the field.

Lines of Work. — Child hygiene work is divided naturally into four divisions, according to the ages of the children, as follows:

1. Prenatal care of the mothers.
2. Infant welfare from birth to two years.
3. Work during the pre-school age, from the second to the sixth year.
4. Medical inspection of school children.

A health officer will keep these four groups in mind. He will usually begin his activity among the infant group, and will extend it to the other groups as the work develops.

Prenatal Care of Mothers. — Forty per cent. of all deaths among infants are due to conditions which existed among mothers before the births of their children. The principal conditions which cause mothers to give birth to weakling babies are:

1. Disease, especially tuberculosis and syphilis; 2, overwork; 3, poor nourishment; 4, lack of care; 5, ignorance of the common signs of danger.

The remedy for these conditions includes the following provisions:

1. Personal instruction and supervision of expectant mothers by the public health nurse.
2. Hospital care preceding, during, and after the birth of the child.
3. Adequate medical treatment.
4. Improvement of the conditions of living and working, both at home and also in factories and other places of employment.
5. Education and instruction.
6. The instruction and supervision of midwives and amateur nurses.

The health officer and nurse will deal with each mother individually, and will promote her health and strength either by private means, or by the assistance of neighbors, or through public agencies. The special value of the nurse in these cases is that she is the authorized agent who is charged with the duty of securing the proper attention for the expectant mother. The proper care can usually be had in any community if some one is determined to get it for the mother.

It is no longer valid to excuse the death of a baby by saying that the infant was born a weakling. The causes of the weakness are known, and are preventable in most cases. The responsibility for the ill health of the mother is upon society quite as much as upon the mother herself. It is the duty of every community to make public provision for expectant mothers in order that children may be born strong and vigorous. The work of the public health nurse in bringing concrete cases to the attention of officeholders and of the public is an efficient means of arousing the public conscience regarding child welfare.

Midwives and Amateur Nurses. — The control of midwives has a direct effect upon the health and vigor of both mothers and their infants. A considerable proportion of women are attended by midwives before, during, and after childbirth, but there has been little control over midwives except in the larger cities. The New York State Department of Health has undertaken the work of having its public health nurses visit and supervise the midwives, and to instruct them in their legal duties. The nurses particularly instruct them in the necessity of calling a physician when an abnormality is found in either the mother or child. When a nurse investigates a midwife, the principal points which she will consider are as follows:

1. Personal character and general intelligence.
2. Cleanliness of her person, her home, and her midwifery outfit.
3. The possession of instruments or drugs which can be properly used only by a physician.
4. Ability and willingness to apply preventive measures against ophthalmia neonatorum.
5. The general standard of her work, and the health and vigor of the women and infants whom she has attended.
6. Her reputation for calling a physician in difficult and abnormal cases.
7. Her record for reporting births to the registrar of vital statistics.

The influences which the State Department of Health can bring to bear upon a midwife are:

1. Publicity of its approval or condemnation of her work.
2. Revocation of her license.
3. Prosecution for illegal practice or for neglect of cases.

A health officer can render valuable assistance to the State Department of Health in its investigation of midwives. A public health nurse can investigate the midwives and inform the State Department of Health regarding them. She can also secure their co-operation and support in the prenatal care of mothers and in the work of infant welfare stations. Experience demonstrates that midwives will co-operate with the public health nurse when they find that the nurse is not critical, but is helpful.

Americans have a system of caring for women before and after childbirth by untrained amateur nurses who do the housework, care for the mother and baby, and do everything else that a midwife does except that a physician is expected to be present during the actual delivery of the child. The instruction and control of these nurses is a problem which is difficult and unsolved. If a public health nurse is tactful she can do much along two lines:

1. She can secure the confidence and co-operation of the nurses and educate them in their duties.
2. She can educate mothers regarding the proper care which they may expect from the nurses.

Infant welfare activities embrace those relating to infants from birth to the age of two years. The work was originally the care of sick babies, but it is now primarily the prevention of sickness, and the promotion of growth and vigor among infants. It includes an improvement in the social and economic conditions of the homes, for the ability of parents to provide the proper care for their children depends largely upon their financial, social, educational, and moral states. It is closely related to housing, hours of labor, racial habits, and the control of the sale of alcoholic liquors. It requires the co-operation of churches, charitable societies, schools, civic clubs, and other organizations for improving the living conditions of the race. But the problem of infant welfare is primarily medical, and the work is nearly always done under the auspices of a health department, either local, state, or national.

Causes of Infant Mortality. — The causes of sickness, abnormalities, and lack of development among infants may be determined from a study of the causes of death, for the proportion of deaths from various causes is about the same as the proportions of debilitating conditions.

A health officer will keep in mind that the principal causes of diarrheal conditions and digestive disturbances are improper feeding, flies, and uncleanliness.

The principal factors relating to the healthfulness of an infant's food are —

1. Its original composition.
2. Its state regarding fermentation, and the development of unwholesome products.
3. Its infection with the specific organisms of intestinal diseases.

Breast milk meets these conditions so perfectly that it is in a class by itself. It is adapted by nature to the needs of the child; it is fresh and uncontaminated; and its direct transfer from the breast to the infant's stomach prevents the entrance of the organisms of intestinal diseases. One of the great objects of the prenatal care of mothers is their education in the care of their breasts, and the adjustment of their home lives in order that they may nurse their children.

Artificial Feeding. — The substitutes for mother's milk may be classed as follows:

1. Cow's milk.
2. Goat's milk.
3. Condensed milk.
4. Dried milk.
5. Proprietary baby foods.

Cow's milk is the most available substitute for mother's milk. It is a satisfactory substitute when it is produced according to the methods required under an efficient system of milk inspection. The principal modification which it requires is its dilution with plain, sterile water. Milk rich in cream is not desirable for infant feeding. The so-called curds passed by infants often consist of undigested fat. The mixed milk from large dairies is almost uniform in composition.

The pasteurization of milk is usually necessary in infant feeding unless certified milk or milk of equally good quality is used. The principal hygienic effect of pasteurization is to destroy the specific germs of human diseases that may be in the milk. It also improves the keeping qualities of milk by destroying many of the organisms of fermentation. Its effect on the composition of milk may be somewhat harmful, but this effect is negligible if the pasteurizing temperature is kept below 150° F.

Goat's milk can scarcely be distinguished from cow's milk as an infant food. There are certain advantages in the use of goat's milk, especially for persons of moderate financial means. A goat costs little; it is cleanly, and requires only a small space; it will thrive on coarse food, such as weeds and shrubs; it is not subject to tuberculosis; and it may be milked several times a day without harm. A mother may keep a goat in the back yard, and at each feeding she may draw sufficient milk and give it to the baby at once without preparation except to dilute it. It is desirable that a health officer should encourage the use of goats as a supply of milk for infant feeding.

Condensed milk is undesirable as infant food on account of its usual high percentage of sugar and of the changes in composition produced by the process of evaporation. Yet it is preferable to ordinary market milk which is of an impure quality.

Milk evaporated to a dry powder is a healthful food for infants. Its use will be a great step in solving the problem of providing a food for infants.

Proprietory infant foods have no advantage over plain milk or condensed milk. They usually consist largely of cereal flour, and are designed to be added to milk. Some contain milk powder. When they are used alone, nutritional disturbances, such as marasmus, scurvy, and rickets, are almost sure to develop.

It is necessary that a health officer should know what substitutes for mother's milk are available in his community; and to promote the use of clean, fresh milk for infant feeding.

Infectiousness of Infantile Diarrhea. — A large proportion of diarrheas of infants are due to special organisms which are found with the bowel movements of the sick and are transferred from the sick to the well by means of flies and unclean hands, dishes, and clothing. A necessary measure in preserving the health of an infant is to protect it and its food from house-flies. Another measure is cleanliness of the hands of the mother and of everything else that touches the child. It is especially necessary that the mother observe the following rules for the care of soiled diapers and underwear:

1. Protect them from house-flies until they can be washed.
2. Boil them during some stage of the washing process.
3. Dispose of the wash-water in such a way that flies cannot have access to it.
4. Wash the hands immediately after handling soiled articles.

The effect of heat and humidity in producing infantile diseases is principally indirect and secondary through flies and fermentation. Flies are especially numerous and active during hot weather. The processes of fermentation are promoted by heat and moisture, as is seen in the prevalence of molds during hot, humid weather. If a baby's food is kept pure and fresh, and the baby is protected from flies and other sources of infection, hot weather has little effect on the infant's health.

Nutritional Disturbances. — It is important that a health officer should bear in mind the four conditions (1) malnutrition, (2) marasmus, (3) scurvy, and (4) rickets. All these conditions are usually associated with arrest of growth, loss of weight, and increased susceptibility to infections and other influences which have little effect on a normal child. There may be the special signs of scurvy or rickets in the bones, skin, and mucous membranes. Some affected infants may appear to be fat, but they show a lack of muscular development and strength. The conditions are often associated with chronic diseases, especially syphilis and tuberculosis.

Simple malnutrition and marasmus are due either to an insufficient amount of food, or to a diet which is decidedly unbalanced, as, for example, condensed milk containing an excess of sugar and a deficiency of protein.

Scurvy seems to be caused principally by a deficiency of the water-soluble vitamins, and may be cured by giving the juices of oranges or other fruits.

Rickets seems to be caused principally by a deficiency of fat-soluble vitamins, and is cured by the use of fresh milk, cod-liver oil, or other articles containing an abundance of fat-soluble vitamins.

An encouraging feature in all conditions depending primarily on nutritional disturbances is that the infants recover promptly and completely when they are properly fed. There are three simple principles to be observed:

1. Give the proper quantity of food.
2. Use fresh milk as the principal article of diet.
3. Offer the child the juice of an orange or other fruit daily. If the juice is needed, the infant will take it greedily.

One of the most efficient activities of a public health nurse is to discover infants who suffer from arrested development; to give advice regarding their feeding; and to secure treatment for those who suffer from chronic infections.

Respiratory Diseases. — The two principal avenues for the entrance of infectious organisms into the bodies of infants are the mouth and the nose; and the principal organs which become infected are those of digestion and those of respiration.

The principal source of respiratory infections in infants is their contract with persons who have colds. Common means of infecting babies with the organisms of respiratory diseases are:

1. Hugging and kissing them by those who have colds.
2. Unclean clothing.
3. Infectious dust.
4. The direct tranfer of saliva by such means as putting spoons and feeding bottles to the lips in order to test the food; wiping the baby's nose with another person's handkerchief; and wiping the baby's face with a towel or handkerchief that is moistened with saliva.

A common cause of respiratory diseases of infants is their exposure to dust from human sources, especially to that which contains organisms from dried sputum as a result of spitting on the floor. The overcrowding of rooms is usually associated with human dirt and dust. It is also associated with poor ventilation, overheating, and increased opportunity to exposure to persons having colds.

Dealing with congenital, digestive, and respiratory conditions constitutes nine-tenths of infant welfare work. Health officers and public health nurses who are efficient in these lines of work will also be efficient in dealing with other infantile conditions which require their attention.

Methods of Infant Welfare Work. — If an infant does not thrive, a remedy that suggests itself is to take the child from its home and place it in an institution where there are facilities for its care. This plan has been tried thoroughly, and has been a failure. Nothing has been found to take the place of a mother or foster-mother in a private home. The death rate among infants in the best institutions is far higher than that among babies in the tenement homes. Individual care in a private home gives far better results than care in an institution, except during an acute illness.

The responsibility for the care of infants in private homes rests upon the individuals who act as mothers to the children. Infant welfare work consists essentially in the education of each mother. Home visitation and instruction by the public health nurse is essential in saving the lives and promoting the health of babies; but that work itself is but 30 per cent. efficient, for there still remains the problem of persuading the mother to carry out the instructions. A mother whom the nurse visits will heed the advice of neighbors who follow the old time methods and consider the new ways to be unnecessary and unproved innovations. The nurse's full success will come when the women of a community begin to talk about her methods, to seek her advice. The present great success of infant welfare work is due largely to the fact that the people generally believe in it and accept it just as they accept the work of the public schools. Infant welfare work is a community problem as well as an individual one. Community infant welfare work consists in (1) field work among needy mothers, and (2) that among educated people of financial means who support the field work.

The common field activities in infant welfare work are as follows:

1. Public health nursing.
2. Mothers' meetings.
3. Lectures and demonstrations.
4. Little mothers' leagues.

5. Weighing and measuring babies.
6. Infant welfare stations.

A public health nurse is the field agent in all phases of infant welfare work. She reaches individual mothers, and she also seeks to secure the co-operation of those women who are recognized as advisers of others and as molders of public opinion.

After a nurse becomes acquainted with the mothers, she will arrange that they meet in small groups for the talks and demonstrations which she will give to them, and later she will arrange lectures and exhibits to which the public will be invited.

A nurse will find that little mothers' leagues are valuable, especially in sections where older girls have to care for their young brothers and sisters. A league is organized with a chairman, secretary, and treasurer, and a series of twelve lectures and demonstrations are given. The program of a session consists of reports and discussions of the management of actual cases. Each lesson consists of a ten-minute talk by the nurse, and a twenty-minute demonstration of some phase of the care of infants. Either a large doll or an actual baby is used as the subject for the demonstration. The subjects of the twelve lessons are as follows:

1. Growth and development; measurements and weights; the special senses.
2. Teeth — their development and care.
3. Water internally and externally — bathing; cleaning the eyes, ears, and nose.
4. Fresh air — its value in the home. Outings.
5. Sleep and rest. Making beds.
6. Clothing and cleanliness. Effects of too much clothing.
7. First care of the sick baby.
8. Milk — mother's and cow's. Modification of milk.
9. Artificial feeding. Substitutes for mother's milk. Feeding at various ages.
10. Care of milk and containers.
11. Home pasteurization of milk; preparation of milk foods.
12. Preparation of cereal waters and meat juices.

Members of little mothers' leagues not only prepare themselves to care for babies, but they teach their parents and neighbors, and advertise the work of the public health nurse.

Organizing and conducting baby weeks, baby contests, and baby exhibits are also activities of a public health nurse. One of the principal values of these activities is to create an opportunity to weigh and measure the babies of a community and to reach those who are below standard. The standard table of heights and weights is as follows:

Age	*Height inches.*	*Weight pounds.*
At birth,	20	7½
3 months	23	13
6 months,	26	17
9 months,	28	20
12 months,	29	21
15 months,	30	22
18 months,	31	24
21 months,	32	25
24 months,	33	27
30 months,	35	29
36 months,	37	32
42 months,	38	33
48 months,	39	35

Infant Welfare Station. — If a community has 10,000 or more inhabitants, it can profitably concentrate its infant welfare work in a station which is supplied with a complete outfit for carrying on all phases of the work. A nurse and physician are in attendance at regular hours. Babies are brought to the station to be weighed and measured at regular periods. Advice is given to parents, and milk of a high grade is sold at cost. Mothers' meetings are held, instruction and demonstrations are given and pamphlets are distributed. Cases of sickness are treated; but the principal object of an infant welfare station is to keep babies well. To have one of its registered babies sick is a discredit to an infant welfare station.

Preschool Ages of Children. — A public health nurse will discover many defects and deformities among children between the ages of two to seven years, and will try to secure their correction; but it has not been found necessary or practical to do intensive preventive work among them. Children in the preschool age are only reached through the activities of infant welfare work.

Medical Inspection of School Children. — The examination of recruits for the American Army shows that one-quarter of all men of draft age have serious physical defects which disqualify them for service. Over half of these defects could have been remedied completely, and half of the remainder lessened, if the men had been examined and treated during their school days. The medical examination of school children and the treatment of their defects are important activities for every department of health. The examinations and corrections in some states are also done by departments of education. Defects among school children of country districts are as common as they are in cities. Every health officer is expected to know the scope of the work, and to promote the discovery and correction of defects among the children in his jurisdiction.

The minimum staff required for medical inspection consists of a public health nurse and a physician, both of whom have been legally authorized to make the examinations. A full-time nurse can look after 1,000 or 2,000 pupils.

The inspection of school children is conducted according to two methods:

1. A thorough examination of every pupil made by a physician every year or two.
2. An examination by a physician of children whom the nurse suspects of having defects. The system to be followed will depend largely on the circumstances in the particular school. Either method will produce satisfactory results provided both the nurse and the physician are competent and conscientious.

Special examinations are also made by a physician or nurse whenever they are needed in order to discover contagious diseases or special defects or conditions. A nurse is as competent as a physician in discovering head lice, skin diseases, and sore throats.

When a school physician examines a pupil, he will make note of the following conditions:

1. Sight.
2. Hearing.
3. Throat and nose abnormalities, particularly tonsils and adenoids.
4. The hair, for lice.
5. The skin, for eruptions.
6. Hands and feet, for orthopedic defects.
7. Heart.
8. Lungs.
9. General nutrition.
10. Height and weight.
11. Special conditions, such as posture, mental attitude, and cleanness of the body.

The following table, based on the examination of 2,000,000 children, shows the percentage of children who showed various defects:

Teeth,	60	per cent.
Adenoids and enlarged tonsils,	30	"
Vision,	25	"
Malnutrition,	25	"
Orthopedic defects,	5	"
Tuberculosis,	5	"
Heart weakness,	2	"

An examiner who finds few or no defects is either incompetent or careless. Defects which are evident to the nurse and the teachers are common in every school room. About 75 per cent. of all school children have physical defects that require treatment.

Correction of Defects. — When a defect is found, the next step is to inform the parents or guardian of the child, and to advise that the defect be corrected. A weakness in the present system of the medical examination of school children is that no one is authorized to compel the parents or children to have the corrections made. Experience has shown that when the parents are merely notified of the defects, only about 10 per cent. of the cases are corrected. Two measures are necessary to secure the correction of the defects: 1, a system of visiting and instructing the parents by a public health nurse; and 2, school clinics, dental clinics, hospital facilities, and other provision for correcting the defects either free or at a minimum cost. This system secures the correction of over 80 per cnt. of the defects of school children.

An important result of the medical inspection of school children is the discovery of unsuspected defects of sight or hearing which are the cause of mental deficiency, disobedience, bad behavior, truancy, and other manifestations of mental abnormalities. The correction of these cases alone would justify the entire system of medical inspection.

There is no standard method of making medical inspections and correcting the defects that are found. A complete system of inspection without the correction of defects is unsatisfactory, and a waste of time and money. A conscientious nurse and physician can readily find the ways and means for correcting the physical defects of the school children of their community.

Inspection of School Buildings. — The inspection of school buildings, or the environment of the school child, is closely related to the work of medical inspection. A health officer inspecting a school house will take note of the following points:

1. The state of repair of the building.
2. The arrangement of the rooms and hallways.
3. Cleanliness.
4. Water-supply.
5. Facilities for drinking.
6. Facilities for washing the hands and face.
7. Toilets and sewage disposal.
8. Heating.
9. Ventilation.
10. Lighting.
11. Blackboards.
12. Desks and seats, and their adaptation to the individual pupils.
13. Provision for hanging the outer garments.
14. Unsanitary conditions adjoining the school grounds.

Monthly Statistics

July — For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS, *Birth Rate,*	2720 26.6	2942 28.5	3191 30.2	3264 27.7	2379 19.4
MARRIAGES, *Marriage Rate,*	923 9.0	2157 20.8	1152 10.9	939 7.9	948 7.7
DEATHS, *Death Rate,*	1499 14.7	1555 15.0	1553 14.7	1412 12.0	1256 10.2
COMMUNICABLE DISEASES,* DEATHS, *Per Cent to Total Deaths,*	159 10.6	201 12.9	216 13.9	156 11.0	164 13.0
DEATHS UNDER 1 YEAR, *Rate per* 1,000 *Births,*	367 138.0	369 135.3	252 87.6	306 97.7	205 66.3

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Including Influenza

Laboratory Statistics — July, 1919

Diagnostic Division

	Pos.	*Neg.*	*Doubt.*	*Total*
Typhoid,	12	36	6	54
Diphtheria,	0	0	0	151
Diagnosis,	14	66	0	80
Release,	20	51	0	71
Diphtheria Carrier:	0	0	0	0
Diagnosis,	0	0	0	0
Release,	0	0	0	0
Tuberculosis,	48	102	0	150
Syphilis,	173	539	54	766
Gonorrhoea,	9	46	0	55
Pneumonia,	1	0	0	1
Glanders,	0	7	0	7
Malaria,	0	0	0	0
Rabies,	0	1	0	1
Paratyphoid A,	0	55	0	55
Paratyphoid B,	1	53	0	54
Diphtheria Virulence,	1	9	1	11
Feces for Tyhpoid,	0	1	0	1
Special,	0	1	0	1
	279	967	61	1307

Chemical Division

Water,	128
Milk,	179
	307

Special Division

Bacterial Analysis,	49
Sanitary Chemical	26
Trade Wastes,	154
	229

Total all Laboratories, 1843

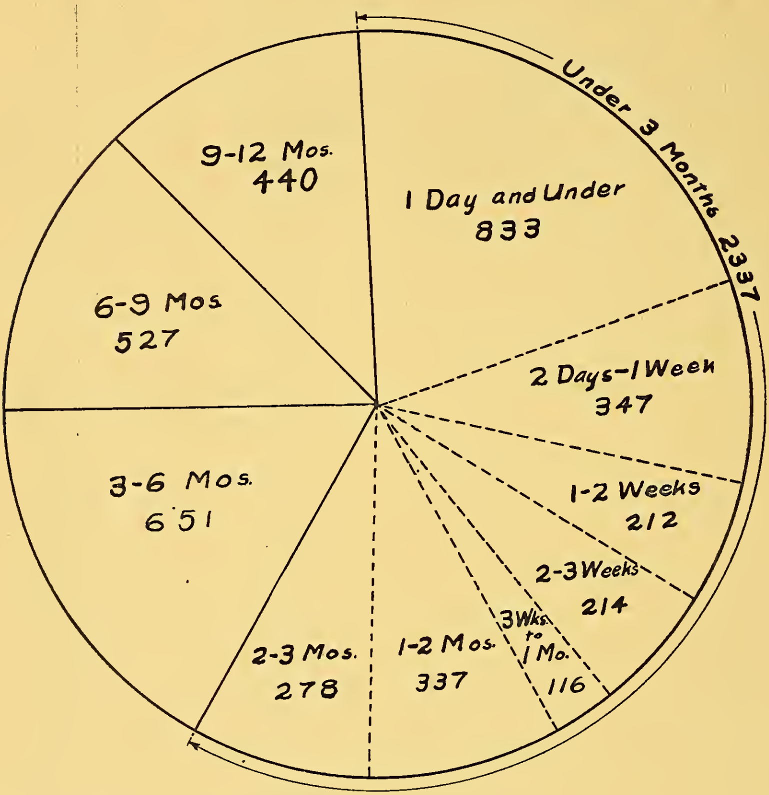
July, 1919	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,464,360	48	157	65	93	89			164	6	407
NEW HAVEN CO.											
New Haven	168,132	12	6	3	21	6	....	....	32	....	72
Waterbury	107,151	4	11	8	....	8	....	....	16	....	34
Meriden (city and town)	32,800	1	....	2	....	....	....	....	2	....	9
Ansonia	17,459	....	....	....	....	....	....	....	4	....	1
Orange (inc. West Haven)	17,206	4	....	....	....	1	....	....	2	....	6
Naugatuck	13,714	....	....	....	....	....	....	....	....	....	2
Wallingford (town and boro)	11,916	....	....	....	....	1	....	....	1	....	....
Milford	11,095	2	6	....	1	....	....	....	2	....	1
Derby	10,302	....	....	....	....	....	....	....	1	....	3
Hamden	9,952	1	14	2	....	....	....	....	....	....	9
Branford (town and boro)	7,134	1	....	....	....	1	....	....	....	....	....
Seymour	6,853	....	4	....	2	....	....	....	....	....	....
Towns under 5,000	25,077	....	1	....	10	....	....	....	1	....	6
FAIRFIELD CO.											
Bridgeport	157,238	9	49	2	2	11	....	....	19	....	94
Stamford (city and town)	43,428	....	1	2	....	1	....	....	4	....	2
Norwalk	29,100	2	1	1	....	....	....	....	1	....	3
Danbury (city and town)	28,154	....	2	2	....	2	....	....	....	....	2
Greenwich (town and boro)	18,779	....	....	1	4	1	....	....	4	1	6
Stratford	14,384	....	....	....	....	....	....	....	1	....	7
Fairfield	12,187	....	....	....	....	....	....	....	....	....	....
Shelton	9,222	2	1	....	1	1	....	....	2	....	....
Darien	8,764	....	....	2	....	....	....	....	1	....	....
Westport	5,359	....	....	....	....	1	....	....	....	....	1
Towns under 5,000	25,867	....	10	....	....	....	....	....	2	1	6
HARTFORD CO.											
Hartford	134,155	2	2	6	6	17	....	....	23	....	59
New Britain	61,051	1	6	8	3	9	....	....	9	....	9
Bristol (city and town)	19,777	....	3	1	....	1	....	....	1	1	4
Manchester	19,590	....	....	....	2	....	....	....	....	....	2
Enfield	12,311	....	1	....	2	1	....	....	....	....	....
East Hartford	11,331	....	....	....	....	....	....	....	2	....	4
Southington (town and boro)	9,867	....	5	1	....	....	....	....	....	....	3
West Hartford	7,685	....	....	....	....	....	....	....	....	....	....
Winsdor	6,808	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,608	....	....	....	....	....	....	....	2	....	....
Berlin	5,562	....	....	1	....	....	....	....	....	....	....
Towns under 5,000	49,950	1	6	4	....	4	....	....	1	....	6
NEW LONDON CO.											
Norwich (city and town)	30,040	....	....	1	....	1	....	....	3	....	5
New London	27,669	....	....	3	4	5	....	....	3	....	14
Stonington (town and boro)	11,006	....	....	....	13	....	....	....	....	....	1
Groton (town and boro)	7,822	....	....	....	....	1	....	....	1	....	5
Towns under 5,000	30,436	1	....	2	4	2	....	....	4	1	6
LITCHFIELD CO.											
Torrington (town and boro)	22,693	....	....	....	....	....	....	....	....	....	1
Winchester (inc. Winsted)	9,789	....	3	....	....	....	....	....	1	....	....
Plymouth	7,234	....	....	....	....	....	....	....	....	....	....
Watertown	6,562	1	....	1	....	....	....	....	....	....	1
New Milford	5,156	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	31,555	1	4	....	17	1	....	....	6	....	8
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	2	10	2	....	....	....	....	3	....	3
Putnam (city and town)	8,870	....	....	....	....	....	....	....	3	....	....
Plainfield	8,344	....	....	....	1	....	....	....	....	1	....
Killingly (inc. Danielson)	7,736	....	....	1	....	1	....	....	2	1	2
Towns under 5,000	15,187	....	....	2	....	1	....	....	1	....	3
MIDDLESEX CO.											
Middletown (city and town)	27,980	....	....	1	....	9	....	....	1	....	7
Towns under 5,000	26,941	....	7	1	....	1	....	....	2	....	....
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	1	....	3	....	1	....	....	....	....	....
Stafford (town and boro)	6,207	....	1	....	....	....	....	....	1	....	....
Towns under 5,000	14,082	....	3	2	....	....	....	....	....	....	....

July 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2379	95	948	1256	10.2	1.0	66.3	205	81	341
Ansonia	17,459	43	1	8	18	12.3	1.3	154.1	7	....	3
Berlin	5,562	4	....	3	....	.....	.....	.....	....	....	....
Branford	7,134	6	....	4	6	10.0	1.6	201.6	2	....	....
Bridgeport	157,238	313	9	134	126	9.6	1.2	61.0	25	10	19
Bristol	19,777	34	1	12	8	4.8	1.2	42.9	2	1	1
Danbury	28,154	32	2	13	28	11.9	2.1	149.0	6	....	6
Darien	8,764	4	....	6	8	10.9	.....	421.0	2	....	4
Derby	10,302	41	....	9	13	15.1	.....	66.7	3	4	2
East Hartford	11,331	17	....	10	8	8.4	1.0	.....	....	1	5
Enfield	12,311	25	....	12	11	10.7	0.9	62.6	2	2	3
Fairfield	12,187	23	....	8	6	5.9	.....	104.8	2	1	....
Glastonbury	6,608	2	....	2	5	9.0	.....	.....	....	1	2
Greenwich	18,779	32	1	11	18	11.5	0.6	47.2	2	1	4
Groton	7,822	21	....	4	9	13.8	4.6	131.8	2	....	....
Hamden	9,952	8	....	5	9	10.8	.....	111.1	2	....	2
Hartford	134,155	310	13	121	150	13.4	0.3	47.3	17	15	37
Killingly	7,736	18	....	3	5	7.7	1.5	.....	....	....	3
Manchester	19,590	26	2	11	6	3.6	1.2	29.7	1	....	3
Meriden	32,800	51	....	20	38	13.9	0.7	41.0	3	6	9
Middletown	27,980	36	1	14	39	16.7	1.7	38.4	2	2	15
Milford	11,095	19	....	12	10	10.8	1.0	.....	....	....	5
Naugatuck	13,714	18	....	10	7	6.1	0.8	36.6	1	1	4
New Britain	61,051	127	3	44	42	8.2	0.1	103.2	18	4	2
New Haven	168,132	298	18	115	141	10.0	0.9	71.5	29	11	40
New London	27,669	50	3	22	34	14.7	1.3	64.1	4	1	15
New Milford	5,156	7	1	1	3	6.9	.....	.....	....	....	1
Norwalk	29,100	31	2	15	12	4.9	0.4	21.6	1	2	4
Norwich	30,040	52	1	28	33	13.1	2.7	61.5	4	1	5
Orange	17,206	14	....	12	37	25.8	1.3	148.6	4	1	11
Plainfield	8,344	9	2	10	3	4.3	.....	.....	....	....	2
Plymouth	7,234	13	1	2	2	3.3	1.6	88.8	1	....	....
Putnam	8,870	12	1	7	9	12.1	5.4	.....	....	....	4
Seymour	6,853	16	....	2	5	8.7	1.7	.....	....	....	1
Shelton	9,222	16	....	6	18	23.4	.....	47.0	1	....	3
Southington	9,867	9	....	2	5	6.0	.....	.....	....	2	1
Stafford	6,207	11	....	1	2	3.8	.....	.....	....	....	1
Stamford	43,428	54	3	32	41	11.3	0.2	62.5	6	....	10
Stonington	11,006	9	....	12	10	10.9	.....	.....	....	1	3
Stratford	14,384	16	1	5	13	10.8	0.8	129.0	3	....	7
Torrington	22,693	29	....	7	16	8.4	0.5	.....	....	2	6
Vernon	8,889	11	1	3	6	8.0	.....	.....	....	....	5
Wallingford	11,916	15	....	8	2	2.0	1.0	46.1	1	....	....
Waterbury	107,151	173	15	57	79	8.8	1.6	95.7	24	6	17
Watertown	6,562	12	....	2	3	5.4	.....	.....	....	....	1
West Hartford	7,685	13	....	3	7	10.9	3.1	73.1	1	....	4
Westport	5,359	5	....	1	4	8.9	.....	.....	....	....	1
Winchester	9,789	18	....	1	14	17.1	.....	293.8	6	....	3
Windham	14,194	17	3	10	7	5.9	0.8	.....	....	1	2
Windsor	6,808	9	....	4	5	8.8	.....	133.3	1	1	1
Towns under 5,000	219,095	250	10	104	175	9.5	0.3	70.2	20	3	64

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
1	6	1	2	8	11	128	4	107	7		39	92	11	115	12	2	391	238
						1						5	1	3	1			
						1					1			1				2
	2			2	2	10		10	2		5	10	2	10	2		52	15
												1		1				
		1				3		4	1					1			9	6
														1			2	3
	1										1	3		4			6	7
						1		1			1	2		1	1			1
												1						
														2				
				1		1		1			2	1		3			5	5
						2		1						2			1	2
								1							1			
			1	1		5	1	20			7	7	5	16		1	82	32
					1	1												
						2		1										
					1	10					2	1			1		12	8
				1		6		4			3	1	1	1			26	22
						1								3				3
								1			1	1						
				1	1		2	3	1			7	1	1	1		9	1
1						7	1	13	1		3	18	1	14	2		56	14
						2		3			1	2		2			15	5
								1										1
						1	1	2	1		2			1			2	2
					2	13	2	3						3			18	11
						14		4				2		3			10	12
								1						1				
						1												
						4								1			1	
						1	1											
	1					11		1						1			11	12
	1													2				1
																		1
								8			1	2		3			13	6
														4				4
					2	1		1				1						
				2		1		2	1			1					4	2
						1					1							1
	1					9	5	6			4	12		7	1		23	3
														1				
						1												1
								1							1		2	2
					1			1				1					8	3
						1						1					2	1
							1	1				1						
			1		1	16		12			4	11		22	1	1	22	49

Connecticut Infant Mortality—1918

Total deaths under one year, 3955
Infant death rate per 1000 births, 106.4



This little graphic shows that

3955 babies under one year of age died in Connecticut in 1918.
2337 babies died when less than three months old.
59% of infant deaths occurred within the first three months of life.
833 babies died within one day after birth.
21% of infant deaths occurred before the babies were two days old.

Pre-natal care of mothers and the proper feeding of infants should reduce this mortality by one-half.

Have you a Visiting Nurse in your town?

WASHINGTON.
Oc '19

CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

OCTOBER, 1919

In this Issue:

DANGEROUS SCHOOL BUILDINGS
TUBERCULOSIS PROBLEMS
MATERNAL DEATHS

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CONNECTICUT

HEALTH BULLETIN

A Journal to Promote Public Health

Entered in the Post Office at Hartford as second class matter

Vol. 33 OCTOBER, 1919 No. 10

Editorial

Inspection of School Buildings. For the purpose of securing accurate information concerning the sanitary conditions surrounding school buildings in Connecticut, the State Department of Health has sent several of its field men on a tour of inspection. The time has passed when the presence of an unhealthful schoolhouse is to be regarded merely as the concern of the town in which it is located. The state is jealous of the health of all its children. Insanitary conditions in any locality may menace the health of the entire state. Forest fires are the offspring of bonfires and epidemics spring from a single source of infection.

The Newspapers Play Their Part. The Department of Health acknowledges with gratitude the generous publicity which the newspapers of the state have given the weekly morbidity reports. It is believed that these reports, with the assistance of the daily and weekly press, will prove a real factor in the prevention of unnecessary disease. The Department has received many letters which indicate the general interest the reports have aroused. Every effort is being made to get the morbidity information into the hands of the newspapers as quickly as possible. We realize that to be useful, news, like eggs, should be fresh.

Laws That Bite. In the campaign against the spread of venereal disease the most serious obstacle to the efforts of state health authorities is the inadequacy of the laws. While there is ample legislation against prostitution, few states have proper protection against the spread of infection. The male prostitute who spreads the diseases, continues his offenses with impunity. Respect for the law follows naturally the enactment of laws which command respect. As Frederick Bastiat expressed it, the way to make laws respected is to make them respectable. Toothless laws never bite.

Dangerous School Buildings

In its official bulletin entitled "Public Health," the September issue, the Michigan state department of health presents a symposium on health subjects related to public schools. There is an extraordinary lack of knowledge and standardization that characterizes school-houses in general. From the grade school to the college, with few exceptions, they are constructed in what seems to be ignorance of the fundamental laws of sanitation and hygiene. This is the more striking because they are institutions in which education is to be acquired. In such places one would look for intelligence in the treatment of that most vital matter, health; yet this is very largely ignored or set aside. Whether in structure or care, the usual run of schoolhouses violates fundamental health principles. In the buildings themselves an explanation may be suggested, that here politics has play. Another factor is that too often school commissions, composed of politicians, construct the school buildings without consulting the masters who are to use them. Still another difficulty lies in the eagerness of the salesman to emphasize the value of his wares irrespective of their real quality, while local pride errs in selecting a townsman for architect, who has never seen a real schoolhouse, or some favorite who is not expert in school construction. The stumbling blocks are as varied as are the situations where schoolhouses are wanted, and in one instance traveling fees were refused an architect, although he had been commissioned to design a building of novel pattern, and the originals were only five hundred miles away. He was forced to work as best he might in the dark, or bear the expense of his journey himself. In an intelligent country it is high time for the school authorities to awaken to the situation that the schoolhouses, in which the law obliges the school child to pass a large portion of his waking hours, have scarcely any real consideration of the health of the child while within its doors.

Here is a word picture of a rural schoolhouse, prepared for Public Health by George F. Roxburgh, former commissioner of schools, Osceola county, Mich. "School has opened," the article begins, "the weather is sultry; the playground is covered with ragweed, burdock and Canada thistles. The yard looks as if weeds, thistles, school board and community were all going to seed. The abundance of pollen suggests sneezes, hay fever and asthma."

The story continues and depicts a pile of ashes from the winter's accumulation, a defective fence, boards gone from the shed and windows broken in the schoolhouse, together with a panel out in the front door. "The outbuilding at one corner of the yard leans southeast and the other one leans west; the door is gone from one and the lock broken on the other, which means that both will be filled with snowdrifts the coming winter. Neither is screened. The inscriptions in the boys' outbuilding are obscene. A child with pure thoughts coming from a good home will soon have his mind poisoned with these vile suggestions. No deodorizer has been used and there are plenty of flies. The common drinking cup is hanging on the pump. No provision has been made for the admission of fresh air to the schoolhouse. The floor has not been scrubbed. The glass in the window is only about one-seventh of the floor area and shades dangle from the top and darken even that. There is no common towel, for no wash basin is provided. The pupil must handle his books, slate pencil, baseball, etc., with no opportunity to wash his hands. The seats and desks are bad in form.

"Many of these conditions are found in hundreds of schools in Michigan," the story continues, "and the best teacher living cannot give value for her money if she must work amid such surroundings." Michigan law requires kindness and humane treatment to animals, and it is more important to look after the health and happiness of the children while at school.

Tuberculosis Problems

At the fifth annual New England tuberculosis conference, held at Providence, R. I., October 16, 1919, Dr. Stephen J. Maher, chairman of the state tuberculosis commission of Connecticut, made an address on the general topic entitled "Next Steps in Tuberculosis Work." Dr. Maher spoke in part as follows:

"At the beginning of the war, I read with interest, if not always with assent, the martial editorials in various medical journals, prophesying that one good, sure to come from the evil of the war, would be the solution of many medical problems, and particularly the problem of tuberculosis, because the thousands of doctors gathered into the army and navy, would be able to make, so to speak, mass attacks on the problem and they would not be wasting their time and energy on pitiful sniping from little laboratories. Well, now, here we are after the war — the first New England conference after the war — and face to face with the same tuberculosis problems as before the war. The war has not added one iota to our positive knowledge of tuberculosis. It has, perhaps, convinced the public that there is more active tuberculosis than had been supposed. But even the truth in that matter was recognized years ago. At the New England conferences at Springfield and New Haven, public bulletins asserted that every death in a community from tuberculosis meant as an average ten active cases of tuberculosis in that community.

"The war, it is true, has made clearer to us the poverty of our equipment for fighting the tubercle bacillus. The war has caused the making of comparisons, sometimes invidious, between the insufficiencies in equipment of states and countries. The war has taught many hundreds of young doctors the proper use of percussion and auscultation and of the X-ray. The war has emphasized the need of hospital and sanatorium care for consumptives and the effectiveness of good nursing and of health propaganda. But beyond — nothing. Nothing concerning cause. Nothing concerning cure. Nothing concerning such questions as — does tuberculosis always begin in childhood? Is it impossible for a human being who escaped infection in childhood to contract the disease in adult life? Why are there more tuberculous men than women? Why does sunlight therapy usually cure bone and glandular tuberculosis, and usually fail to cure pulmonary tuberculosis? What happens to a child's organs and tissues when undergoing the sunlight cure of bone and glandular tuberculosis? Are all tubercle bacilli born of other tubercle bacilli? What is the relation to the tubercle bacilli of such acid-fast bacilli as are found in dark barns, and as may be evolved from the spores of the ordinary beneficent bacilli of leaves and grasses? How dangerous to adult human beings is the milk of tuberculous cattle? Are tuberculous cattle always infected by other tuberculous cattle? What would happen if non-tuberculous cows were made to live a year, knee-deep in manure, in new, but dark, badly ventilated barns, such as are found on poor farms everywhere? What vaccinating power against human tuberculosis have the avian tubercle bacilli, the bovine tubercle bacilli, and the other acid-fast or near acid-fast bacilli? What is the relation between tuberculosis and measles, scarlet fever, whooping cough, appendicitis and small-pox? What is the explanation of the immunity of certain groups and individuals to tuberculosis? What is the explanation of grinder's and miner's tuberculosis? And the tuberculosis of the operatives in cotton, woolen and silk mills?

"I have the honor to be a member of the committee in charge of the Framingham experiment. One sure result of the Framingham experiment will be the improving of living conditions in Framingham and in every community that will copy Framingham's intensive health campaign. That result will mean the saving of many lives and the preventing of wastage of time and money. That result will mean that the Framingham experiment will have been well worth while. But, if that result be the only result, it will be to me, as the English say, 'not good enough.' I am of the opinion that such a result ought not to satisfy us in our fight with the flaming world-wide disease, tuberculosis. We must aim to stamp out the disease everywhere and for all time.

"In conclusion:

"First, the war has taught us that the breaks in our knowledge of the tubercle bacillus prevent us from conquering the tubercle bacillus.

"Second, the war has taught the need of further tuberculosis research, and by implication has indicated that we who have the direction of the large sums of public money and the enormous amount of public enthusiasm now engaged in the anti-tuberculosis campaign, owe it to the public to develop a greater and more intensive campaign of research than we have hitherto attempted.

"Third, the war has taught us that large medical military organizations are not capable of advancing our knowedge of tuberculosis, and that in the future, as in the past, we must put our dependence for results on the enthusiastic workers in the small wards and laboratories of hospitals and sanatoria and dispensaries, and on the observant physicians of private practice."

A Study of Mortality from Tuberculosis

The following conclusions may be drawn from a study of the 1918 mortality experience from tuberculosis in the industrial department of a large insurance company.

1. The death-rate from tuberculosis (all forms) in 1918 continued to decline, the rate being 187.4 as compared with 188.9 in 1917. There has been a decrease in the annual death-rate, without exception, since 1911, when the rate was 224.6 per 100,000.

2. The reductions in the rate since 1916 have been much smaller than in the preceding years; 1.3 per 100,000 in 1917 and 1.5 per 100,000 in 1918 as compared with 11.7 per 100,000 in 1912.

3. Since 1911, the total reduction in the tuberculosis death-rate has been 37.2 per 100,000, or 16.5 per cent. of the 1911 rate. One death in every six from tuberculosis has been either prevented entirely or delayed. This is equivalent to the saving of more than one-third of a life from tuberculosis alone among each 1,000 persons insured in that company.

4. The conditions with reference to tuberculosis of the lungs are identical with those for tuberculosis (all forms) described above.

5. The improvement in 1918 as compared with 1917 would have been much greater but for the last three months of the year. In the first nine months, the 1918 rate was seven per 100,000 lower than the 1917 rate; but, for the last three months,

the rate was 15.8 per 100,000 higher than the 1917 rate. The tuberculosis death-rate usually drops considerably in the last quarter of the year; but in 1918, probably because of the influenza epidemic, there was next to no decline.

6. Exactly similar conditions are found in the population figures for both the State and City of New York. The 1918 tuberculosis figures were either identical or somewhat lower than those for 1917. In the last quarter of the year, the rate was somewhat higher in 1918 than in 1917. In the first nine months, the 1918 rate was considerably better than the 1917 rate. This is an important point, because there had been some fear that war conditions would result in an increase in the death-rate from tuberculosis. Apparently this has not occurred in the population of New York City or of New York State, or among the Industrial policy-holders of the company.

7. Considered by *age period*, the figures show that the death-rate for tuberculosis of the lungs at ages under 15 remained stationary in 1918 as compared with 1917; went up for the period 15 to 24; declined from age 25 up to 55 and remained stationary from 55 to 65.

8. The white females *alone* show increases in the rate at the ages of adult life. The white males, colored males and colored females all show reductions between 25 and 55.

9. All the four groups, *i. e.*, white males, white females, colored males and colored females, show increases in the rate at the age period 15 to 24 years. This is very clear, but the reason for the increase is difficult to understand.

Physicians and the State

All active physicians are quasi-public health officials. Licensed by the state to practise their profession, they are allowed the broad discretion which is needed in all matters requiring the exercise of individual judgment and initiative. In return for the special privileges granted them, the state imposes on physicians certain routine duties, the most important of which is the reporting of communicable diseases.

Theoretically, all communicable diseases are preventable. But they are not prevented; and so each year this small state suffers an economic loss amounting to millions of dollars which might be saved. The annual wastage in lives, health and dollars goes on without protest merely because we have been accustomed for generations to look upon the common cummunicable diseases as necessary and inevitable evils. There is nothing spectacular in the daily dribble of deaths from these ordinary causes. Only when the yearly totals are computed do the figures become impressive enough for special comment.

Public health departments were instituted chiefly to combat contagious diseases. Their history is a record of mighty battles and great conquests. One by one the ancient scourges yield to the superiority of applied science and sanitation. And yet despite the visible and acknowledged progress in the war against bacilli, health workers become impatient with all contagion which might be prevented.

The reporting of communicable diseases is required by law in order that the state may know how and where the public health is endangered. The logical way to prevent the spread of an infection is to isolate the source. The law prescribes the manner in which isolation is to be effected and provides officers clothed with authority to enforce it. By its mandatory character it is intended to relieve physicians of attempting personally to restrict the movements of a patient or other members of an infected family.

Whenever a physician fails to report a communicable disease, the entire community is unnecessarily exposed to the contagion. Such failure may be attributed to sheer negligence, to wilful disregard of the obligations imposed by statute, or to a mistake in diagnosis. In the latter event the failure is excusable, for it is an experience which happens among the wisest physicians; but there is no excuse for negligence or refusal to report. The method provided is too simple to be burdensome. It is a fact, nevertheless, that many physicians are derelict in this regard and that a limited number refuse flatly to obey the law, particularly as it applies to the reporting of tuberculosis and the venereal diseases.

During the next few months this Department will make a special drive to secure better reporting from physicians. Health officers in every town are urged to take up this matter with all physicians within their respective jurisdictions. Newspapers can be of great assistance in this work by stimulating a public demand for the protection which prompt reporting gives.

Maternal Deaths

Year by year some 15,000 mothers in the United States have been dying in childbirth from causes which are largely preventable. The new figures now published by the Census Bureau for the year 1916 (16.3 per 100,000 population) indicate that since 1900 no decrease in maternal deaths had yet taken place. And physicians remind us that the women who die in childbirth are few beside those who suffer preventable illness or lifelong impairment of health.

The loss involved is immeasurable. It does not stop with the loss of vigor and efficiency to the mother. It extends, in general, to the well-being of her home and her children; and in particular, to the motherless infant who faces a peculiarly hazardous existence. For example, in two of the cities included by the Children's Bureau in its study of infant mortality, the mortality rate among babies whose mothers died during the year following birth is compared with the rate for all the babies in the city. In Waterbury the rate among the motherless babies is three times the average for the city; in Baltimore, five times the average for the city.

The prevention of maternal deaths involves the problem of making universally available and universally desired adequate care at childbirth and before. When this can be accomplished, a new step will have been taken in the prevention also of infant deaths among the large number of babies whose mothers escape the dangers involved in the lack of proper care. One-fifth (20.8 per cent.) of the infant deaths reported for the death-registration area of the United States in 1916 occurred less than 48 hours after birth, when the previous condition of the mother and the care she has received during pregnancy and confinement are the paramount factors in the vigor and resistance of her child. *More than two-fifths of the infant deaths in 1916 occurred during the first month of life*; for this period also, diseases immediately related to the care and condition of the mother during childbirth and before — premature birth, congenital debility, injuries at birth, malformations, and syphilis — predominate as the stated cause of death, and the previous care and condition of the mother still determine in large measure the resistance of the infant to other diseases and disorders.

It appears that the diseases directly traceable to the care and condition of the mother during pregnancy and confinement showed in 1915 an infant mortality rate during the first year of life of 42.1 per 1,000 live births. In other words, at least one baby in every 25 born died from these causes. This high rate holds for city and country alike. Moreover, the infant mortality rate from all stated causes during the first month of life is shown to be higher (46 per 1,000) in the rural part of the birth-registration area than in the cities (43.4 per 1,000).

The actual loss of infant life in the first month shows, as yet, no decrease from year to year. The total number of infant deaths is gradually falling, but the decrease is chiefly found in deaths from gastric and intestinal diseases during the later months of life. In view of the increase in the yearly number of births the general tendency is in the right direction, though slow and uncertain. The development of infant welfare work hitherto has evidently begun to save the lives of babies who have survived the special hazards of early infancy. It had not, during 1916, the latest year for which general data are available, begun to control the more difficult problem of deaths from pre-maturity and diseases directly related to the care and condition of the mother.

From the figures given for 1916 for the death registration area, which includes 70.2 per cent. of the population, *it may be fairly estimated that more than 230,000 babies under one year of age died in the United States during that year.* Of these, approximately 55,000 deaths were assigned to gastric and intestinal diseases, but a far larger number — between 95,000 and 100,000 — were assigned to the five stated causes directly related to the care and condition of the mother: in addition, some 19,000 deaths, assigned to other causes, occurred during the first month of life.

How many of these babies who died in early infancy might possibly have been saved is an open question. Since such deaths are held by medical authorities to be directly related to the lack of adequate prenatal and confinement care, *we can not rest content with a discussion of the ultimate minimum of non-preventable deaths until we are assured that skilled care is available to every mother. Today we know that few mothers can secure it.*

But already we have some practical indications that many of these deaths are unnecessary from the lower death rates known to be actually prevailing in certain areas. For example, in the eight cities studied by the Children's Bureau we find infant mortality rates from malformations and diseases of early infancy (excluding syphilis) varying from 32.8 per 1,000 live births in Akron to 48.6 per 1,000 in Manchester, N. H. In New Zealand, again, the reduction of the total infant mortality rates from 88.8 in 1907 to 48.2 in 1917 has included a reduction in the deaths from these diseases. . . .

The question becomes one of public policy, and it is with this view that New Zealand has answered by governmental measures and has driven the infant mortality rate down to one-half that of the United States. The English Government has within recent months passed legislation enabling local authorities to aid mothers in many ways heretofore not enumerated in statute books.

Congress has already established by successive statutes a method of Government contribution to State activities for better farming, for good roads, and for vocational education. While the inaccessibility of rural areas appears to make the need greater in the country, it is common to city and country. If the United States is to conserve its human resources which are now wasted by indifference and not by the necessity of war upon our soil, we can not consider too promptly the development of facilities for the protection of maternity and infancy upon a plan as evidently based upon common convenience and sound public policy as are the statutes to aid agriculture and roads.

Monthly Statistics

August—For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS, *Birth Rate,*	2701 26.4	2987 28.9	3250 30.8	3283 27.9	2565 21.0
MARRIAGES, *Marriage Rate,*	935 9.1	1004 9.7	1013 9.6	1018 8.6	1033 8.4
DEATHS, *Death Rate,*	1569 15.3	1684 16.3	1792 16.9	1425 12.1	1250 10.2
COMMUNICABLE DISEASES,* DEATHS, *Per Cent to Total Deaths,*	144 9.1	258 15.3	200 11.1	160 11.2	139 11.1
DEATHS UNDER 1 YEAR, *Rate per 1,000 Births,*	456 171.4	433 158.7	421 146.4	355 113.4	272 87.9

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Influenza Included

Laboratory Statistics — August, 1919

Diagnostic Division

	Pos.	*Neg.*	*Doubt.*	*Total*
Typhoid	16	54	5	75
Paratyphoid A	0	75	0	75
Paratyphoid B	5	68	2	75
Diphtheria	0	0	0	233
Diagnosis	34	85	0	0
Release	37	77	0	0
Diphtheria Carriers	0	0	0	0
Diagnosis	0	0	0	0
Release	0	0	0	0
Diphtheria virulence	0	0	0	0
Tuberculosis	35	76	0	111
Syphilis	125	503	68	696
Gonorrhoea	16	32	0	48
Glanders	0	0	0	0
Pneumonia	0	0	0	0
Type 1	0	0	0	0
Type 2	0	0	0	0
Type 3	0	0	0	0
Type 4	0	0	0	0
Malaria	0	8	0	8
Rabies	0	3	0	3
Feces for typhoid	0	0	0	0
Special	0	0	0	0
	268	981	75	1324

Chemical Division

Water	69
Sewage	2
Milk	200
Total	271

Special Division

Bacterial Analysis	32
Sanitary Chemical	32
Trade Wastes	868
Sludge	5
Total	937

Total all Labratories 2532

August, 1919	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,464,360	73	58	67	47	120	3	3	162	5	298
NEW HAVEN CO.											
New Haven	168,132	12	7	6	12	18	....	....	33	....	46
Waterbury	107,151	9	4	6	....	10	....	....	18	....	26
Meriden (city and town)	32,800	1	....	3	....	3	....	1	6	....	6
Ansonia	17,459	1	3	1	2	....	....	....	1	....	....
Orange (inc. West Haven)	17,206	1	....	....	....	3	....	....	4	....	6
Naugatuck	13,714	....	....	2	....	....	....	....	1	....	1
Wallingford (town and boro)	11,916	1	....	....	....	2	....	....	7	....	1
Milford	11,095	....	3	1	3	....	....	....	....	....	2
Derby	10,302	1	....	2	1	....	....	....	1	....	....
Hamden	9,952	....	3	1	....	....	....	....	....	....	....
Branford (town and boro)	7,134	....	....	....	....	5	....	....	....	....	1
Seymour	6,853	....	2	....	2	....	1	....	1	....	....
Towns under 5,000	25,077	1	2	....	4	1	1	....	1	1	11
FAIRFIELD CO.											
Bridgeport	157,238	1	15	2	....	19	....	....	5	....	32
Stamford (city and town)	43,428	2	1	1	....	1	....	....	1	....	....
Norwalk	29,100	....	....	....	....	....	....	....	6	....	2
Danbury (city and town)	28,154	....	....	1	....	....	....	....	1	....	2
Greenwich (town and boro)	18,779	....	4	1	....	8	....	....	2	2	7
Stratford	14,384	....	....	....	....	2	....	....	1	....	1
Fairfield	12,187	....	....	....	....	....	....	....	....	....	1
Shelton	9,222	....	....	....	8	5	....	....	1	....	....
Darien	8,764	....	....	....	....	....	....	....	....	....	....
Westport	5,359	....	....	....	....	1	....	....	....	....	1
Towns under 5,000	25,867	....	1	....	4	1	....	....	3	....	2
HARTFORD CO.											
Hartford	134,155	7	1	11	4	13	....	....	11	....	70
New Britain	61,051	3	2	5	....	10	....	....	9	1	11
Bristol (city and town)	19,777	....	1	....	....	1	....	....	2	....	1
Manchester	19,590	....	....	6	....	1	....	....	....	....	4
Enfield	12,311	....	....	....	....	....	....	....	....	....	....
East Hartford	11,331	....	....	2	....	....	....	....	....	....	4
Southington (town and boro)	9,867	1	....	....	....	....	....	....	....	....	....
West Hartford	7,685	....	....	....	....	....	....	....	....	....	....
Windsor	6,808	....	....	....	....	....	....	....	2	....	1
Glastonbury	6,608	....	....	1	....	....	....	....	....	....	....
Berlin	5,562	7	....	1	....	....	....	....	....	....	1
Towns under 5,000	49,950	....	1	2	....	1	....	....	6	....	15
NEW LONDON CO.											
Norwich (city and town)	30,040	4	....	1	....	2	....	....	4	....	2
New London	27,669	6	....	....	1	....	....	....	4	....	7
Stonington (town and boro)	11,006	....	....	....	....	....	....	....	....	....	....
Groton (town and boro)	7,822	....	1	....	....	5	....	....	....	....	4
Towns under 5,000	30,436	....	....	....	1	1	....	....	4	1	2
LITCHFIELD CO.											
Torrington (town and boro)	22,693	2	....	....	....	6	1	2	4	....	7
Winchester (inc. Winsted)	9,789	....	....	....	....	....	....	....	....	....	....
Plymouth	7,234	....	....	2	1	....	....	....	2	....	....
Watertown	6,562	1	....	....	....	....	....	....	....	....	1
New Milford	5,156	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	31,555	....	1	1	4	6	....	....	6	....	6
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	....	....	1	....	....	....	....	2	....	3
Putnam (city and town)	8,870	....	....	....	....	....	....	....	....	....	....
Plainfield	8,344	....	....	....	....	....	....	....	3	....	....
Killingly (inc. Danielson)	7,736	....	1	2	....	....	....	....	3	....	2
Towns under 5,000	15,187	....	3	....	....	1	....	....	4	....	1
MIDDLESEX CO.											
Middletown (city and town)	27,980	5	....	3	....	2	....	....	....	....	3
Towns under 5,000	26,941	6	1	1	....	....	....	....	2	....	1
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	....	....	1	....	2	....	....	....	....	3
Stafford (town and boro)	6,207	1	....	....	....	....	....	....	1	....	1
Towns under 5,000	14,082	....	1	....	....	....	....	....	....	....	....

August 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2565	111	1033	1250	10.2	0.8	87.9	272	81	322
Ansonia	17,459	41	1	12	8	5.4	....	87.9	4	....	1
Berlin	5,562	8	....	2	3	6.4	4.3	....	....	....	1
Branford	7,134	12	1	2	5	8.4	....	....	....	2	2
Bridgeport	157,238	359	16	134	128	9.7	0.6	90.3	37	10	31
Bristol	19,777	36	1	13	17	10.3	1.8	193.2	9	1	3
Danbury	28,154	38	3	14	31	13.2	....	49.6	2	4	13
Darien	8,764	1	....	5	7	9.5	....	....	....	....	7
Derby	10,302	31	5	9	20	23.2	....	66.7	3	2	1
East Hartford	11,331	11	....	15	10	10.5	1.0	53.3	1	2	3
Enfield	12,311	31	....	12	14	13.6	2.9	219.3	7	2	2
Fairfield	12,187	21	....	4	12	11.8	0.9	209.6	4	1	1
Glastonbury	6,608	6	....	2	7	12.7	1.8	108.1	1	....	2
Greenwich	18,779	29	2	28	16	10.2	....	47.2	2	3	4
Groton	7,822	16	....	5	9	13.8	1.5	65.9	1	1	6
Hamden	9,952	15	....	1	7	8.4	....	55.5	1	1	2
Hartford	134,155	292	8	129	129	11.5	0.7	83.5	30	10	21
Killingly	7,736	6	....	13	7	10.8	1.5	59.4	1	....	2
Manchester	19,590	28	....	14	7	4.2	0.6	59.4	2	1	1
Meriden	32,800	68	2	20	31	11.3	2.1	95.6	7	1	10
Middletown	27,980	35	1	15	27	11.5	0.4	57.6	3	1	10
Milford	11,095	16	....	5	16	17.3	....	121.2	2	....	3
Naugatuck	13,714	16	....	4	11	9.6	1.7	73.3	2	1	2
New Britain	61,051	132	7	32	46	9.0	0.7	108.9	19	5	7
New Haven	168,132	319	21	151	141	10.0	0.8	56.7	23	6	35
New London	27,669	64	3	33	24	10.4	0.8	16.0	1	....	4
New Milford	5,156	8	....	4	1	2.3	....	....	....	....	....
Norwalk	29,100	47	....	19	16	6.5	....	21.6	1	....	6
Norwich	30,040	55	3	30	30	11.9	1.5	123.0	8	2	6
Orange	17,206	25	....	10	18	12.5	....	148.6	4	1	4
Plainfield	8,344	9	1	6	10	14.3	1.4	264.7	3	....	5
Plymouth	7,234	8	....	1	3	4.9	....	88.2	1	1	1
Putnam	8,870	22	1	10	12	16.2	2.7	164.3	3	1	4
Seymour	6,853	15	1	2	5	8.7	1.7	111.6	2	....	1
Shelton	9,222	14	2	5	18	23.4	1.3	141.1	3	2	4
Southington	9,867	18	1	7	4	4.8	....	111.1	2	1	....
Stafford	6,207	16	....	8	3	5.7	....	....	....	....	....
Stamford	43,428	81	5	35	44	12.1	0.5	71.3	7	8	13
Stonington	11,006	14	1	9	11	11.9	1.0	105.2	2	....	5
Stratford	14,384	26	....	2	5	4.1	0.8	43.0	1	....	....
Torrington	22,693	37	1	7	13	6.8	1.0	19.1	1	1	3
Vernon	8,889	9	1	10	3	4.0	....	....	....	....	1
Wallingford	11,916	17	....	4	2	2.0	1.0	....	....	....	1
Waterbury	107,151	197	7	67	97	10.8	0.7	167.6	42	3	12
Watertown	6,562	9	....	2	5	9.1	1.8	120.0	1	....	1
West Hartford	7,685	8	1	5	7	10.9	....	146.3	2	....	4
Westport	5,359	5	....	2	4	8.9	....	....	....	....	....
Winchester	9,789	7	....	10	14	17.1	1.2	48.9	1	1	3
Windham	14,194	35	1	10	6	5.0	....	28.7	1	....	3
Windsor	6,808	5	....	5	1	1.7	....	....	....	....	1
Towns under 5,000	219,095	247	14	89	185	10.1	0.6	87.7	25	6	70

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
6	3	1	6	13	3	100	16	114	7		41	149	14	81	14	5	342	206
...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	1	...	...	...
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2	...	...	...	3	...	7	1	8	1	...	1	26	1	5	2	1	45	9
...	...	...	...	...	...	3	...	1	...	...	...	6	...	1	...	...	...	1
...	...	...	...	...	...	...	...	4	1	...	2	...	...	3	...	...	5	2
...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	3
...	...	...	...	...	...	...	1	3	...	...	...	4	2	4	1	...	9	9
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1	1	...	...	...	...	9	3	13	...	...	5	12	2	12	3	...	53	14
...	...	...	...	...	...	...	2	4	1	...	...	...	...	...	...	...	8	5
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1	...	...	1	...	...	17	1	18	...	...	6	6	2	15	1	1	32	47

Medical Inspection of School Children

The medical examination of school children and the treatment of their defects are necessary activities in public health work.

The physical examination of army draftees proved that 25% of our men are unfit for military service. Half the defects found could have been completely remedied had the men been examined and treated in their school days.

The following table, based on the examination of 2,000,000 school children, gives the percentage of children who showed various defects:

Teeth,	60%
Vision,	25%
Adenoids and enlarged tonsils,	30%
Malnutrition,	25%
Orthopedic defects,	5%
Tuberculosis,	5%
Heart weakness,	2%

HYGIENIC LABORATORY
WASHINGTON
De '18

CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., *Commissioner*

NOVEMBER, 1919

In this Issue:

DIPHTHERIA
The Schick Test
Permanent Immunity

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CONNECTICUT
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Editorial

Diphtheria Prevalence. There is danger, a very real danger, that diphtheria may be more prevalent during the coming winter than ever before in the history of the state. An examination of the morbidity records for the past ten years shows that more cases were reported during October than in any other month of the ten-year period. During the first ten months of this year there were thirty-four more deaths from diphtheria than in the corresponding period of last year. With the reported cases for this year already in excess of last year's total, there is every indication that complete reports for 1919 will show at least 1,000 more cases than were reported in 1918, while the diphtheria deaths in Connecticut this year may reach a total of 250.

Diphtheria Spreaders. The most dangerous spreaders of the disease are the unsuspected *diphtheria carriers*, who harbor the germs in their throats and noses. They are generally immune themselves and appear to be in good health. When a case develops among school children and the source of infection cannot be traced, it is wise to culture the throats and noses of all children in the affected school. This procedure frequently results in the discovery of a carrier. Every child carrier should be isolated and placed under treatment to relieve the condition. Most carriers have enlarged tonsils. The removal of the tonsils and adenoids from the throats of those who have them is almost certain to rid a carrier of the germs.

Precautions and Prevention. At a time like the present, every case of sore throat in a child should arouse suspicion of diphtheria. If sore throat is discovered in school, the sick child should be sent home immediately and the parents and health officer notified. Parents are urged not to attempt home-treatment but to send for the family physician. Delays are never more dangerous than in cases of diphtheria. Read the articles on the Schick test and the use of toxin-antitoxin in this issue.

Permanent Immunity Against Diphtheria

The use of diphtheria antitoxin has reduced the number of deaths from this disease 75 per cent. The number of children who are annually attacked with diphtheria has, however, not changed materially in recent years. Notwithstanding the brilliant results of diphtheria antitoxin in curing the disease and controlling epidemics, the prevention of outbreaks is not practicably within its scope. The true road to prevention appears to lie in the general use of the Schick test to determine susceptibility to diphtheria and in the administration of toxin-antitoxin to non-immunes.

The Schick test consists in injecting 1/50 of a minimum lethal dose of diphtheria toxin for a 250-gram guinea-pig into the skin, and observing the character of the skin reaction at the point of injection 24 to 48 hours later. According to Kolmer and Moshage (Journal A. M. A., July 10, 1915): "In conducting this test, especially on a large scale, a number of persons will present a small area of redness and infiltration at the site of injection within 24 hours, and such false reactions may be misinterpreted for true toxin reactions. Hence, when time permits it is better to read reactions after 48 than after 24 hours."

A positive reaction is sufficiently delicate to indicate less than 1/30 of a unit of antitoxin in 1 c. c. of blood-serum. Such persons are susceptible to diphtheria. Schick, and later also Park, found that the blood-serum of about 80 per cent. of newborn, from 50 to 60 per cent. of children, and 90 per cent. of adults contains sufficient diphtheria antitoxin to protect them against diphtheria.

The operator should be skilled in the intracutaneous injection and should consider all reactions as true unless able to differentiate the positive and pseudo-reactions.

A *positive reaction* appears in from 24 to 48 hours, as a distinctly circumscribed area of redness and slight infiltration, which measures from 1 to 2.5 centimeters in diameter. The redness increases in intensity during the next three or four days, persists for another week, and on fading gradually gives place to a brownish pigmentation, which always shows superficial scaling.

According to Zingher (Medical Record, May 1, 1915, p. 752) a pseudo-reaction shows more infiltration but disappears in a few days. The true reaction is characteristic of the irritant action of toxin on tissue-cells, when there is not antitoxin to protect them. In the case of a negative reaction, which indicates an antitoxin immunity to diphtheria, the skin remains normal in appearance.

A pseudo-reaction is seen occasionally in older children and in adults. This is not due to the irritant action of toxin, but is an anaphylactic response of the skin to the protein substance of the diphtheria bacillus present in solution in the broth used for toxin. The pseudo-reaction can generally be distinguished clinically from the true action; it appears earlier, is less circumscribed, and usually disappears in from three to four days. It is characterized by a central area of redness of varying size, surrounded by a secondary areola. On fading, it leaves only a faintly pigmented area, which soon becomes invisible.

As a result of extensive studies by means of the Shick Test it has been found that susceptibility to diphtheria is present in the following proportions:

Age	Percent Susceptible
Under 3 months,	15
3 to 6 months,	30
6 months to 1 year,	60
1 to 2 years,	70
2 to 3 years,	60
3 to 5 years,	40
5 to 10 years,	30
10 to 20 years,	20
Over 20 years,	15

The practical value of the Schick test has been recognized by schools, hospitals and institutions, but up to the present time its use by the general practitioner has not received the attention it deserves outside of his institutional work.

Prior to the development of the Schick Test, *passiv immunity* was accomplished by injecting every exposed individual with 1,000 units of diphtheria antitoxin. The first practical application of the Shick [illegible]st was to determine, among those exposed, the individuals w[illegible]ere susceptible; thus avoiding the use of antitoxin in those [illegible]duals possessing natural immunity.

The prophylactic use of antitoxin is necessary for those susceptible individuals who are exposed to the disease, but the duration of such immunity lasts for a very short period.

The second application of the Schick test is in connection with diphtheria toxin-antitoxin mixture for establishing *permanent immunity* against diphtheria. It is possible by the use of these products to actively immunize all susceptible individuals against diphtheria, so that outbreaks of the disease can be effectually prevented.

The following appears in *Public Health Reports*, May 16, 1919, page 1066: "During the past three years Park and his co-workers have employed active immunization with toxin-antitoxin mixtures in the cases of over 4,000 susceptibles (including 1,000 infants under one week old), without the subsequent occurrence of a single case of diphtheria. Park summarizes his observations as to the value of this active immunization as follows:

> "The procedure is absolutely harmless No reaction develops in infants, while in older children and adults a moderate swelling of the arm may appear and last for from one to three days.
>
> "One injection gives immunity to 80% of those previously susceptible; two injections give immunity to 90%; and three injections to 97%.
>
> "The immunity conferred lasts for at least three years and probably much longer. No diphtheria has occurred in those so far immunized."

In reporting the immunity results from toxin-antitoxin injections, Park (*Proceedings Society Experimental Biology and Medicine*, April 16, 1919, page 116) states: "Tests have just been completed in several institutions in which 3¼ years have elapsed since the toxin-antitoxin injections. The immunity continues as well developed as in 2¼ years. It is hoped, therefore, that the acquired immunity may persist possibly for life as in the case of natural immunity."

The dose of the diphtheria toxin-antitoxin mixture is 1 c.c. injected subcutaneously. Three injections are given at intervals of one week. It has been found that the development of active immunity requires from 8 to 12 weeks.

The use of diphtheria toxin-antitoxin mixture for active immunization against diphtheria is especially applicable for the following groups of individuals:

(*a*) All children from 6 months to 5 years of age. During this age period, the susceptibility to diphtheria as well as the mortality from the disease is greatest. Children of these ages can be reached in homes, infant asylums, milk stations, day nurseries, public schools, orphan asylums and other institutions.

(*b*) Among adults those who come in contact with diphtheria and are constantly exposed to the infection. In this group are included especially physicians, nurses and hospital attendants in contagious disease hospitals.

The general use of diphtheria toxin-antitoxin mixture by the medical profession will be a powerful factor in successfully eliminating diphtheria from every community.

A Schick Test Catechism

What is the Schick Test? A dose of diphtheria toxin is injected between the layers of the skin of the arm. If the person's blood contains antitoxin, nothing happens and the patient is declared immune. If, however, a distinct circumscribed area of redness appears at the site of the injection the test is declared positive, which means that the person does not have in his blood sufficient resistance against diphtheria and is liable to contract the disease.

What is meant by diphtheria toxin? This is the poison produced by the diphtheria germs and is obtained by growing the bacteria in broth for a certain length of time, after which they are killed by carbolic acid.

What is meant by diphtheria antitoxin? This is a serum produced by inoculating the horse with diphtheria toxin. The animal's resisting power causes the antitoxin to be produced in the blood.

Is there any risk in the Schick Test? Absolutely none. When the test is positive the redness which appears gradually disappears on the third or fourth day.

What is the idea of having the test made? Diphtheria is a very serious disease. About one out of every eight cases is fatal. The infection exists in this state throughout the year, and children between the ages of two and ten are most susceptible. Every father and mother wants to know whether their children are liable to catch this disease and if so how it can be avoided. The Schick test determines this. There is a serum called toxin-antitoxin which, when injected, confers immunity to those who react positively to the Schick Test.

When should the test be made? All children over the age of six months should have this test made. Nursing infants seem to have a natural immunity to the disease, because of protective substances in mother's milk.

What is a negative test? If no redness of the skin develops after the Schick test, it means that the blood contains sufficient resisting power to diphtheria. Persons having a negative test and exposed to diphtheria do not develop the disease.

Are adults immune to diphtheria? After the age of ten the occurrence of diphtheria gradually lessens. Few adults contract this infection and grown persons are relatively immune to the disease. Statistics show 70 per cent. of positive reactions to the Schick test in children, and 15 per cent. positive in adults.

Is there no intermediate reaction between positive and negative? Yes. The reaction may be strongly positive, positive, moderately positive and faintly positive, depending upon the degree of the redness of the skin.

If the test is positive, what is done to prevent diphtheria? A serum which is a combination of toxin and antitoxin is administered under the skin at three sittings, seven days apart.

Does the toxin-antitoxin serum cause any harm? No. Local and constitutional symptoms are noted in 20 to 50 per cent. of cases. These are redness, slight swelling and tenderness of the arm and a slight rise of temperature. The symptoms, if any, disappear within forty-eight hours.

How long does this acquired immunity last after the toxin-antitoxin administration? In 95 per cent. of cases previously susceptible, the protection against diphtheria lasts for years, possibly for life. To make sure of the duration of immunity the Schick test can be made regularly every year.

What is the practical value of the Schick test? In every school, institution, hospital or home where large numbers of children are quartered, diphtheria may break out at any time. By testing every child on admission, one can determine which children are susceptible to the disease. Those who react positively are given the toxin-antitoxin treatment. In this way, diphtheria may be eradicated. If diphtheria breaks out in your home, antitoxin is given to those who react positively to the Schick test. In this way persons immune to the disease avoid the inconvenience of having the serum injected.

—*Philadelphia Health Bulletin.*

The Red Cross Christmas Seals

The advent of December marks the beginning of the holiday season, the period of the year which we dedicate to the spirit of peace and good-will. We shall soon receive the annual admonition to do our Christmas shopping early.

Mistletoe, holly and evergreens are the time-honored emblems of the yuletide; but latterly another emblem has been added to this group, one of deeper significance, perhaps, and of more practical value. We refer to the Red Cross Christmas Seals.

There is nothing about the husky, happy figure of Santa Claus adorning these little stamps which suggests the purpose to which their distribution is dedicated. But from the proceeds of their sale a means is provided to carry on certain necessary phases of the war on tuberculosis, that gravest of all public health menaces.

In 1918, the great white plague claimed 1,777 victims in Connecticut. This represents the deaths from pulmonary tuberculosis alone. Added to these were several hundred deaths from other types of the disease. It is generally accepted among health authorities that for each death there are ten cases of tuberculosis in the incipient or active stage. On this basis it is estimated that we now have in this state nearly 20,000 people afflicted with the malady.

Director James P. Balfe, of the bureau of vital statistics, has completed the compilation of certain data which will be of great interest and value to students of tuberculosis in Connecticut.

Mr. Balfe's report shows that during the ten-year period ended December 31, 1918, there were 14,954 deaths in this state attributed to pulmonary tuberculosis. These deaths are divided into age groups as follows:

Under 10,	438
From 10 to 20,	1,282
From 20 to 30,	3,980
From 30 to 40,	3,684
From 40 to 50,	2,777
From 50 to 60,	1,549
From 60 to 70,	824
From 70 to 80,	334
Over 80,	70
Age unknown,	6

In the two-year period, 1917-18, there were 3,527 deaths from pulmonary tuberculosis, and of these 2,143 were males and 1,384 females. In the male group the greatest mortality occurred between the ages of 25 and 35 and in the female group, between the ages of 20 and 30 years. The death rate from this disease in 1917 was 129 per hundred thousand population, and in 1918 the rate was 123.

During the first ten months of the present year 1,284 people died in this state of tuberculosis. On the yearly basis this gives a rate of 113, which is probably the lowest in the history of Connecticut. This may be in part attributable to the discovery of many early cases during the examinations for army service. It was generally believed that the influenza epidemic of last year would result in a great increase of tuberculosis, but neither the mortality nor the morbidity reports for the present year have borne out that prediction. However, it is still too early to make any positive deductions on the relation of the epidemic to tuberculosis.

The state death rate for pulmonary tuberculosis in 1883 was 235 for each hundred thousand of population. In the two years, 1917-1918, the rate was 127. On the same basis the rates for the same two years for the fifteen largest towns of the state were as follows: Meriden, 168; Norwich, 163; Danbury, 162; New Haven, 155; Waterbury, 153; Bridgeport, 147; Hartford, 136; New Britain, 133; Middletown, 133; New London, 131; Bristol, 126; Norwalk, 112; Greenwich, 112; Stamford, 106, and Torrington, 92.

The outstanding fact in these figures is that each day nearly five people die in Connecticut of this preventable disease. Most of these deaths occur as a result of failure to recognize the affliction in its early stage or from the lack of proper treatment in cases where the disease is known to exist.

Tuberculosis is a disease of many mysteries. No other human ill presents so many unsolved problems. It was thought that the war would offer opportunities to add to the store of scientific knowledge concerning prevention and cure; but the tabulated results of data secured by trained investigators reveal practically nothing which was not already known. The greatest benefit derived from the study of tuberculosis in the army was the training of physicians in diagnosing and recognizing early cases.

Contrary to a popular notion, tuberculosis is not heriditary, although the offspring of tuberculous parents frequently inherit weak constitutions which render them especially susceptible to the disease.

The most successful form of treatment consists of sunshine, fresh air, proper food and complete rest. When this treatment is resorted to in the early stages of the disease, it generally arrests the progress of the case and frequently effects a complete cure. The great danger lies in neglecting the early symptoms and in failure to adhere to the prescribed course of treatment.

There is a pitifully large number of the afflicted who are financially unable to secure proper treatment; and it is for their benefit especially that Red Cross Seals are issued. Of the proceeds of the sales 85% remains in the town where the seals are sold, and this sum may be used to help pay the salary of a visiting nurse to do preventive and educational work in tuberculosis.

Stripped to the core, anti-tuberculosis work means the distribution of God's sunlight and fresh air to the people who need it most, and the education of the well and the sick to prevent the spread of the infection.

During the month of December we can all stamp our approval on this splendid program by stamping the back of each letter we mail with a Red Cross Christmas seal. It is a little thing and a great thing to do.

Do your Christmas Seal shopping early and generously.

Vaccination and the Powers of Health Officers

The State Department of Health is sometimes asked whether a local health officer has authority to exclude unvaccinated children from school. Section 2394 of the General Statutes of Connecticut provides that a "town health officer shall have and exercise all the powers necessary and proper for preserving the public health and preventing the spread of disease." Vaccination against smallpox is universally recognized as a necessary precaution to prevent the spread of a loathsome and dangerous contagious disease, and the authority conferred by the statute quoted is sufficient to sustain a local health officer who orders the exclusion from school of unvaccinated children. Section 888 of the General Statutes gives boards of school visitors, town school committees and boards of education the specific authority to require every child to be vaccinated before being permitted to attend a public school under their jurisdiction.

Parents have the right to demand for their children in school all the health protection the state can give. Most parents appreciate the value of vaccination and will support school authorities and health officers who require unvaccinated children to be excluded from school.

In the middle of the 18th century one death in every ten was attributed to smallpox. Today the disease is comparatively rare and of a much milder form; but we must never forget that vaccination is the preventive measure which has conquered this ancient plague, and it is necessary to continue the practice to insure ourselves against its recrudescence. The parents and grandparents of many of us saw all the horrors of smallpox in epidemic form and were quick to grasp the benefits which vaccination offered. The present generation, however, is not familiar with the terrors of the disease and health authorities find it necessary to wage constant battle to retain the immunity which compulsory vaccination has given us.

When smallpox was the deadliest scourge of Japan, the emperor sent a commission of scientists to the United States to study the effects of vaccination. As a result of their report an imperial edict was issued requiring the vaccination of all children before reaching the age of one year and again before eraching the age of ten. The disease is now as rare among the Japanese as among us.

Vaccination is no more dangerous, when properly cared for, than any pin scratch on the skin. The U. S. public health service reports that within the past two years more than 3,000,000 persons have been vaccinated in this country without a single death.

After two successful vaccinations protection usually lasts a lifetime, but no person should feel confident of immunity unless successfully vaccinated within five years.

Monthly Statistics

September — For Five Years

CONNECTICUT	1915	1916	1917	1918	1919
BIRTHS, *Birth Rate,*	2674 25.8	2863 26.5	3137 27.7	3023 25.7	2881 23.6
MARRIAGES, *Marriage Rate,*	1140 11.0	1405 13.0	1156 10.2	1097 9.3	1239 10.1
DEATHS, *Death Rate,*	1479 14.2	1507 13.9	1580 13.9	1821 15.4	1181 9.6
COMMUNICABLE DISEASES,* DEATHS, *Per Cent to Total Deaths,*	152 10.2	224 14.8	198 12.5	477 26.1	127 10.8
DEATHS UNDER 1 YEAR, *Rate per* 1,000 *Births,*	365 137.2	326 119.5	363 126.2	355 113.4	232 74.9

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

* Influenza Included

Laboratory Statistics — September, 1919

Diagnostic Division

	Pos.	Neg.	Doubt.	Total
Typhoid,	12	48	11	71
Paratyphoid A,	0	71	0	71
Paratyphoid B,	7	60	4	71
Diphtheria,				
Diagnosis,	46	126	0	172
Release,	47	141	0	188
Diphtheria Carriers,				
Diagnosis,	0	11	0	11
Release,	0	0	0	0
Diphtheria virulence,	0	4	0	4
Tuberculosis,	34	103	0	137
Syphilis,	172	461	86	719
Gonorrhoea,	22	41	0	63
Glanders,	0	0	0	0
Pneumonia,				
Type 1,	0	0	0	0
Type 2,	0	0	0	0
Type 3,	0	0	0	0
Type 4,	0	0	0	0
Malaria,	0	8	0	8
Rabies,	0	5	0	5
Feces for Typhoid,	0	1	0	1
Special	0	2	0	2
	340	1082	101	1523

Chemical Division

Water,	93
Sewage,	4
Milk,	167
Total,	264

Special Division

Bacterial Analysis,	60
Sanitary Chemical,	64
Trade Wastes,	393
Sludge,	1
Microscopic,	32
Total,	550

Total all Laboratories 2337

September, 1919	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	1,464,360	67	84	129	65	249	2	1	163	4	401
NEW HAVEN CO.											
New Haven	168,132	14	14	15	15	24	1	....	36	....	93
Waterbury	107,151	9	1	15	....	22	....	....	16	....	30
Meriden (city and town)	32,800	3	....	1	....	4	....	....	1	....	10
Ansonia	17,459	....	2	1	....	2	....	....	....	....	11
Orange (inc. West Haven)	17,206	1	1	1	....	5	....	....	1	....	3
Naugatuck	13,714	2	....	....	....	....	....	....	....	....	2
Wallingford (town and boro)	11,916	....	....	6	....	6	....	....	4	....	....
Milford	11,095	....	26	1	....	....	....	....	....	....	....
Derby	10,302	....	....	....	....	3	....	....	....	....	2
Hamden	9,952	....	....	....	1	1	....	....	....	....	1
Braoford (town and boro)	7,134	....	....	1	....	2	....	....	1	....	2
Seymour	6,853	....	1	....	....	....	....	....	....	....	....
Towns under 5,000	25,077	1	6	1	....	1	....	....	2	....	2
FAIRFIELD CO.											
Bridgeport	157,238	1	20	4	....	48	1	....	6	....	49
Stamford (city and town)	43,428	1	3	1	1	11	....	....	2	....	2
Norwalk	29,100	5	....	....	....	....	....	....	1	....	4
Danbury (city and town)	28,154	1	....	1	....	....	....	....	....	....	3
Greenwich (town and boro)	18,779	....	....	3	....	....	....	1	6	....	10
Stratford	14,384	....	1	....	2	10	....	....	2	....	3
Fairfield	12,187	....	....	....	....	3	....	....	....	....	....
Shelton	9,222	....	....	6	2	2	....	....	2	1	1
Darien	8,764	....	....	....	1	1	....	....	....	....	....
Westport	5,359	....	....	....	....	....	....	....	....	....	6
Towns under 5,000	25,867	1	1	....	5	1	....	....	2	....	9
HARTFORD CO.											
Hartford	134,155	5	....	18	7	31	....	....	18	1	64
New Britain	61,051	1	....	6	2	10	....	....	12	....	19
Bristol (city and town)	19,777	1	....	2	....	12	....	....	4	....	2
Manchester	19,590	2	....	6	2	1	....	....	....	....	11
Enfield	12,311	....	....	3	....	....	....	....	2	....	2
East Hartford	11,331	....	....	....	....	....	....	....	....	....	6
Southington (town and boro)	9,867	....	....	2	....	2	....	....	2	....	....
West Hartford	7,685	....	....	....	....	....	....	....	1	....	1
Windsor	6,808	....	....	....	....	....	....	....	....	....	....
Glastonbury	6,608	....	....	....	....	....	....	....	....	....	1
Berlin	5,562	....	....	1	....	....	....	....	1	....	5
Towns under 5,000	49,950	1	....	7	1	8	....	....	4	....	9
NEW LONDON CO.											
Norwich (city and town)	30,040	1	....	....	....	6	....	....	4	....	2
New London	27,669	6	1	....	1	3	....	....	6	....	8
Stonington (town and boro)	11,006	....	....	....	....	....	....	....	....	....	....
Groton (town and boro)	7,822	1	....	1	11	1	....	....	....	....	2
Towns under 5,000	30,436	....	....	3	....	5	....	....	4	1	2
LITCHFIELD CO.											
Torrington (town and boro)	22,693	3	....	1	....	4	....	....	5	....	4
Winchester (inc. Winsted)	9,789	....	....	....	....	....	....	....	....	....	1
Plymouth	7,234	....	6	....	....	2	....	....	....	....	1
Watertown	6,562	....	....	....	....	....	....	....	1	....	1
New Milford	5,156	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	31,555	2	1	1	4	2	....	....	3	1	3
WINDHAM CO.											
Windham (inc. Willimantic)	14,194	1	....	2	....	2	....	....	....	....	....
Putnam (city and town)	8,870	....	....	....	....	....	....	....	....	....	1
Plainfield	8,344	....	....	1	....	2	....	....	....	....	....
Killingly (inc. Danielson)	7,736	2	....	2	....	3	....	....	1	....	1
Towns under 5,000	15,187	....	....	1	10+	1	....	....	3	....	2
MIDDLESEX CO.											
Middletown (city and town)	27,980	....	....	2	....	3	....	....	2	....	5
Towns under 5,000	26,941	2	....	2	....	1	....	....	5	....	....
TOLLAND CO.											
Vernon (inc. Rockville)	8,889	....	....	11	....	3	....	....	1	....	1
Stafford (town and boro)	6,207	....	....	....	....	....	....	....	1	....	3
Towns under 5,000	14,082	....	....	....	....	1	....	....	1	....	1

September 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	2881	107	1239	1181	9.6	0.6	74.9	232	67	350
Ansonia	17,459	34	1	12	16	10.9	1.3	153.5	7	....	2
Berlin	5,562	6	....	2	3	6.4	2.1	.....	....	....	3
Branford	7,134	7	....	5	6	10.0	.....	302.5	3	....	2
Bridgeport	157,238	399	8	141	132	10.0	0.9	63.4	26	9	31
Bristol	19,777	44	2	25	11	6.6	0.6	21.4	1	2	3
Danbury	28,154	36	3	6	23	9.8	0.4	99.3	4	1	9
Darien	8,764	2	....	4	8	10.9	.....	.....	....	....	5
Derby	10,302	41	2	16	10	11.6	3.4	44.5	2	....	2
East Hartford	11,331	15	1	15	8	8.4	.....	53.3	1	....	3
Enfield	12,311	31	....	14	7	6.8	2.9	62.6	2	....	....
Fairfield	12,187	27	1	5	8	7.8	0.9	104.8	2	....	2
Glastonbury	6,608	9	....	1	4	7.2	.....	.....	....	....	3
Greenwich	18,779	44	2	29	12	7.6	.....	23.6	1	1	4
Groton	7,822	13	....	4	9	13.8	.....	.....	....	1	4
Hamden	9,952	10	1	2	4	4.8	.....	.....	....	....	2
Hartford	134,155	340	18	160	146	13.0	0.8	111.4	40	13	29
Killingly	7,736	12	....	9	7	10.8	.....	.....	....	2	4
Manchester	19,590	33	....	14	11	6.7	1.2	59.4	2	1	3
Meriden	32,800	93	2	43	24	8.7	0.3	13.6	1	3	8
Middletown	27,980	44	....	15	35	15.0	.....	38.4	2	2	13
Milford	11,095	9	....	6	12	12.9	.....	.....	....	1	8
Naugatuck	13,714	32	....	8	8	7.0	0.8	36.6	1	1	2
New Britain	61,051	172	7	44	39	7.6	0.3	86.0	15	3	5
New Haven	168,132	342	21	200	157	11.2	0.9	64.1	26	8	44
New London	27,669	68	3	34	23	9.9	0.4	16.0	1	2	9
New Milford	5,156	2	....	3	5	11.6	.....	160.0	1	....	3
Norwalk	29,100	38	6	24	16	6.5	.....	.....	....	1	8
Norwich	30,040	65	1	31	32	12.7	0.3	92.3	6	1	9
Orange	17,206	19	....	12	11	7.6	.....	74.3	2	....	6
Plainfield	8,344	10	....	8	3	4.3	.....	.....	....	....	2
Plymouth	7,234	8	1	3	4	6.6	1.6	176.4	2	....	1
Putnam	8,870	22	....	13	6	8.1	1.3	.....	....	1	3
Seymour	6,853	16	....	2	4	7.0	.....	55.8	1	....	3
Shelton	9,222	24	2	9	16	20.8	.....	94.1	2	1	1
Southington	9,867	13	1	9	7	8.5	1.2	55.5	1	....	4
Stafford	6,207	10	....	2	5	9.6	.....	86.9	1	....	1
Stamford	43,428	70	7	38	35	9.6	0.5	40.7	4	....	9
Stonington	11,006	22	....	11	7	7.6	1.0	105.2	2	....	3
Stratford	14,384	27	....	9	7	5.8	.....	129.0	3	....	1
Torrington	22,693	44	....	12	7	3.7	.....	76.5	4	....	....
Vernon	8,889	9	2	8	9	12.1	1.3	230.7	3	1	1
Wallingford	11,916	20	1	5	6	6.0	2.0	46.1	1	....	2
Waterbury	107,151	244	2	84	80	8.9	0.6	131.6	33	5	10
Watertown	6,562	12	....	6	5	9.1	.....	120.0	1	....	....
West Hartford	7,685	12	....	2	9	14.0	.....	219.5	3	2	4
Westport	5,359	9	....	....	7	15.6	.....	.....	....	....	3
Winchester	9,789	14	....	5	10	12.2	.....	.....	....	....	4
Windham	14,194	27	2	21	6	5.0	0.8	86.3	3	....	1
Windsor	6,808	9	....	2	2	3.5	.....	.....	....	....	1
Towns under 5,000	219,095	272	10	106	159	8.6	0.4	77.2	22	5	70

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
4	2	2	8	15	7	84	12	125	4	1	56	104	9	73	13	7	350	182
....	....	....	....	....	....	2	....	....	....	....	1	5	....	....	....	....	....	....
....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	1
....	....	....	....	....	....	....	1	1	....	....	....	....	....	....	....	....	....	....
....	1	....	....	4	....	8	1	17	1	....	9	15	....	9	1	2	37	8
....	....	....	....	1	....	1	....	2	....	....	....	....	....	....	....	....	....	....
....	....	....	....	....	....	....	....	5	....	....	....	2	1	3	....	....	7	5
....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	4	5
....	....	....	....	....	....	2	....	1	....	....	....	....	....	2	1	....	6	1
....	....	....	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....
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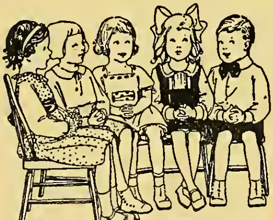
ILLINOIS STATE DEPARTMENT OF HEALTH - CARTOON No. 102

DON'T BREAK QUARANTINE!

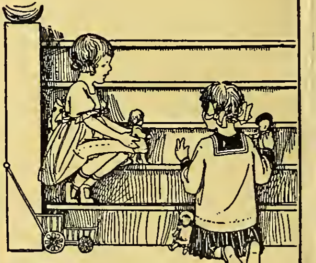
This little girl had a light case of MEASLES — she did not feel sick at all,

so she was out with the other children before she was entirely over it.



She went to Sunday School and gave it to 5 others, of whom 2 nearly died and 1 became deaf These gave it to 19 more, of whom 3 died, 1 had intestinal ulcers, 1 had consumption, and 2 had troubles of the eyes, as results

She played with her baby brother — and the baby got it and died



She went to visit her little cousin, and she caught it — and then gave it to her father, who was sick for five months afterward and ultimately lost the hearing of his left ear.

—And all this woe grew and grew because one household let its child break quarantine.

KATHERINE FIELD WHITE - 1918

HYGIENIC LABORATORY
WASHINGTON, D. C.

24 Ja '20

CONNECTICUT HEALTH BULLETIN

Issued Monthly by
The State Department of Health

John T. Black, M. D., ***Commissioner***

DECEMBER, 1919

In this Issue:

CANCER—A Curable Disease

The Year in Retrospect

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HYGIENIC LABORATORY
WASHINGTON, D. C.

CONNECTICUT
HEALTH BULLETIN
A Journal to Promote Public Health
Entered in the Post Office at Hartford as second class matter

Vol. 33 DECEMBER, 1919 No. 12

Editorial

Progress in Health Work. In Connecticut, as in many other states, the present year has been marked by a tremendous awakening of public sentiment favorable to public health work. Towns, cities and states are beginning to realize that the cheapest form of health insurance may be obtained from well-organized and efficiently-operated health departments. The demand for trained public health workers has grown so rapidly that it now greatly exceeds the supply. The call for public health nurses alone is so large that several years must elapse before enough women can be trained in the work to supply the communities now calling for the essential service which only a public health nurse can furnish. It is a field for work which offers splendid opportunities to intelligent, public-spirited young women.

The Economic Viewpoint. Few people appreciate the enormous economic loss due to preventable disease and preventable death. A keen student of the subject recently asserted that in Connecticut alone this loss reaches an annual total of twenty million dollars. This estimate was not based on the loss from communicable diseases alone, but included all wastage of human life and health which might be classified as preventable. Adequate public support, which appears certain to come in the very near future, would wipe out many of the factors involved in making unnecessary disease and death the state's greatest economic burden.

Infant Mortality. The extraordinary decline in infant mortality for the present year will be a cause of much rejoicing among all who are interested in the progress of child welfare work. It should be remembered, however, that in the last three months of 1918 influenza collected a heavy toll among infants. Many babies who might have died during the present year were victims of the epidemic, a fact which must be considered in analysing the low infant death rate for 1919.

The Year in Retrospect

An analysis or comparison of the State Department of Health of today with the Department of a year ago reveals a most gratifying growth and improvement. The appropriations for this year have been doubled and the personnel increased proportionately, enabling the Department to provide a larger force for field service and to engage in many new activities.

The demands upon the Department for advice and assistance are increasing daily and the organization is now sufficiently perfected to give these demands prompt attention.

The various Bureaus of the Department show a relative improvement in organization, even though some of them have been handicapped by having uncompleted work of previous years thrown upon them.

School House Inspection. From an administrative point of view it was deemed wise to make a sanitary survey of the school houses of the State, fifteen hundred in number. While this work is far from being completed, its value has already been demonstrated and it is believed that many improvements looking to the health, comfort and safety of school children will result therefrom.

Summer Camp Inspections. During the summer months, camps, boarding houses and most of the summer resorts were inspected.

By these inspections the Department secured much valuable information which will enable it to make such regulations and take such action as will protect thousands of vacationists in the State.

Medical Licensing. It has been found that the licensing powers of the various medical and allied boards have not provided for annual registration, so that knowledge or control of medical practitioners was almost impossible. A system of annual registration by the State Department of Health was made possible by act of the last Legislature.

Vital Statistics. Prior to the dissolving of the State Board of Health and the organizing of the Department, the appropriations were insufficient to keep up the records of the office. The tabulation of vital statistics was three years in arrears. During the past year, in addition to keeping abreast of this year's work, two of these past years have been brought up to date.

The classification of diseases on death certificates is now required to be in accordance with the International Code, and the reporting of births has been changed to a ten-day limit.

Population standards have been established for the past thirty years, something which had never before been done, and many records for past years have been corrected in conformity.

Preventable Diseases. Special attention has been given to typhoid fever. Every outbreak and every possible single case has been followed up to ascertain the probable source of infection, and in several outbreaks of diphtheria and scarlet fever in local communities and state institutions, this Bureau was called upon to assume control.

The typhoid fever rate is much below normal; the diphtheria rate is higher than in previous years, although it is believed that the introduction of the Schick Test and the use of Toxin Antitoxin, made possible this year by the Department, will materially reduce the diphtheria rate in the future.

An epidemiologist has been added to this Bureau, and automobile service has been established so that any part of the state can be reached within three hours when diagnosis or assistance is sought.

In September the Bureau began the publication of a weekly morbidity report which has been received with much favor by the health officers and newspapers of the state.

Venereal Disease. A special division was created last year for the control of Venereal Disease. In carrying out this work, two lines of endeavor were emphasized; namely, publicity and the establishment of clinics. Considerable good has been accomplished and six clinics are now in full operation with satisfactory attendance.

Child Hygiene. The Legislature of this year enabled the Department to place this most important work on a solid basis by creating the Bureau of Child Hygiene. To this has been added the Division of Public Health Nursing. This Bureau had not been organized two months before it had more calls for assistance than it could possibly fill.

As a direct result of this Bureau's activities, at least a dozen communities are now being served by public health nurses or have established milk stations or public clinics.

The sending of a Birth Certificate and baby booklet to the mother of every new-born child has been continued under the direction of this Bureau.

Laboratories. The rapid growth of the laboratory work indicates the extent to which it is appreciated by the health officers of the State. So great has been the demand for service that the quarters now occupied by the laboratory on the Experiment Station's grounds at New Haven have become too small. The legislature was so well convinced of this fact and of the value of this laboratory that an appropriation of $100,000 was made for a new building, the construction of which is about to be started.

Great improvements in the outfits and in the laboratory service have been made, and complaints of poor service, which at one time were numerous, have almost disappeared.

Engineering. During the year, water and sewage disposal plants have been listed and plans secured for filing in this office which will be the foundation for the constant supervision required by law. The fact that not even a list of the water works and sewerage systems in the state had ever been made will indicate the amount of work which has been required along this line.

An emergency chlorine outfit has been placed at headquarters. This outfit can be shipped and set up in any town in the state within a few hours.

The Bureau has drawn plans and specifications for the new laboratory building and has made extensive surveys of certain sewage disposal and water works which have demanded this service.

Industrial Wastes. The Industrial Wastes Division of the Engineering Bureau is doing a unique work in studying factory wastes and stream pollution. Intensive investigations and experiments are being made in different plants for the purpose of discovering methods whereby sufficient recovery can be made from the wastes to enable economic disposal or even to secure a profit. The solution of a problem in any particular factory can then be applied to all factories of that particular class with but slight modifications. While none of these problems have been finally solved, sufficient work has been done to demonstrate the practicability of this method of procedure. For example: in one factory eighty per cent. of the waste which was formerly deposited in the stream is now recovered with a profit of several thousand dollars to the concern.

Cancer — A Curable Disease

Important Facts from the American Society for the Control of Cancer.

What knowledge has done for tuberculosis, knowledge will do for cancer. The greatest difficulty encountered in the past has been the hesitancy of those afflicted with beginning cancer to seek medical advice because of their dread of having their fears confirmed. They have believed that cancer was a loathsome disease, something to be ashamed of, and therefore kept secret until it had progressed too far for cure.

Now, however, light has been turned on the problem, and we find the progressive men and women of the day eager for knowledge of the cause and cure of this malady.

Another cause of delay in securing proper treatment has been the common dread of operation. This dread of an operation will unquestionably be overcome when the public can be made to appreciate the fact that the disease is of local origin and that in its early stages prospects of complete cure are excellent.

The statements in this article are based on the publications of the Cancer Society as authorized by its National Council, which includes many of the foremost American physicians, surgeons and pathologists.

What Cancer Is. — Cancer is a lawless growth of body cells which destroys life if allowed to run its course. In the beginning the cancer is limited to one spot, and, while so localized, can easily be cured. Unless controlled it next invades the surrounding tissues and, if allowed to run its course, some of the cells of which the cancer is composed are thrown off and carried by the blood or lymph vessels to other parts of the body, where they start secondary growths.

When this stage is reached, the cancer is beyond control and there is less hope of cure.

Theoretically every case of cancer can be cured by removing the growth from the body while it is confined to the single cell or microscopic group of cells in which it begins. There are, of course, cases in which no symptoms attract the attention of the patient until the tumor has developed beyond the operable stage, or in which the location of the cancer is inaccessible to present surgical skill, as, for example, in the middle of the liver. Such cases are, however, comparatively rare. and fortunately warning signs are almost always given when the disease attacks the common sites, as the breast, uterus, stomach, intestines or rectum, and growths in these organs can be successfully removed in the early stages.

Cause of Cancer. — Nothing definite with regard to the ultimate cause of cancer is at present known in the way that the specific causes of tuberculosis and other diseases are known; nor is it to be assumed that there is a single specific causative agent of cancer. We have, however, knowledge of certain agents and conditions which exert a direct influence in the formation of a cancer.

When, for example a part of the body is subjected to repeated irritation until a sore or ulceration is produced and that sore or ulceration is allowed to remain unhealed and the irritation continued, a cancer frequently results. Nearly all moles and warts are harmless and remain so, but ocacsionally one may take on an increased activity as a result of irritation or of some unknown cause and become malignant.

The essential points to be remembered are, therefore, the avoidance of all chronic irritation such as may occur from eyeglasses, a badly fitting dental plate, broken or jagged teeth, etc., and if a sore or ulceration does form as a result of such irritation to have it promptly cured.

Is Cancer Heriditary? — The evidence of statistics is against the popular idea that cancer is hereditary. Practical confirmation of this evidence is furnished by the stand taken by life insurance companies. These companies ignore a family history of cancer in issuing policies because their statistics show that the chance of an individual's developing cancer is not increased by there being cancer cases in the family.

Is Cancer Contagious? — Cancer is not contagious or infectious. Among the thousands of operations for cancer on record there is no report of a case acquired from the patient by any surgeon or nurse. Ordinary care and cleanliness should be observed in attending cancer patients, but isolation and fumigation, as in case of contagious diseases, is unnecessary.

Investigation of "cancer houses," "villages," or "streets," wherein an unusual number of cancer cases have been said to occur, has invariably shown that the apparently high mortality has been due to special conditions, such as an unusual proportion of old people, among whom the cancer death rate would naturally be high.

Cancer of the Breast. — The most significant warning of cancer of the breast is a lump. If a nodule, lump or hard area is found in the breast, it may not be cancer, but it should be brought at once to the attention of a physician. Such lumps should not be rubbed or manipulated because of the danger, if the lump proves to be cancer, of scattering the cancer cells throughout the system.

Cancer of the breast is one of the most hopeful and curable forms of the disease because of the ease of early diagnosis and of its removal. Any lump in the breast is vitally important, whether painful or not, and demands a medical examination. Retraction of the nipple and nodules under the arm are later symptoms.

Cancer of the Uterus. — This is a frequent form of the disease, but fortunately one in which early diagnosis is easy and removal is usually possible. The two danger signs to be remember in regard to cancer of the uterus are (1) any *change* in the vaginal discharge and (2) any *change* in the menstruation. These should not be considered as positive symptoms of cancer, but only as warning signs that should send the patient to a surgeon *for an examination.*

Excessive flowing at *any period of life is* abnormal and should be immediately investigated. Treatment without an examination is wrong and, by causing delay, may forfeit the patient's chance for cure should cancer exist.

Cancer of the Digestive Organs. — About 30 per cent. of all deaths from cancer are caused by cancers of the stomach, intestines and liver. These are formidable types of the disease, but can, in many cases, be successfully treated *if the diagnosis is made early enough.* The earliest possible attention to the danger signals is of the greatest importance and, since cancer of these organs can not be seen, a very thorough examination should be made by the use of the latest and most approved diagnosis methods. The danger signals of these cancers are persistent indigestion, vomiting and pain at the pit of the stomach.

The danger signal of cancer of the rectum is the passage of blood. There may be either constipation or diarrhea. These symptoms are frequently caused by hemorrhoids, but on the appearance of such symptoms an examination should in every case be made.

External Cancer. — Cancer of the skin frequently originates in old warts, pigmented moles and unhealed wounds, scars and sores. Most warts and moles are unimportant, but those which change in size, shape or appearance or are subject to irritation should be regarded with suspicion.

In the beginning, cancer of the lip often resembles the common cold sore. Any ulceration of the lip or tongue that does not quickly heal should be seen by a surgeon. Competent treatment of the conditions which are liable to become cancer and of the actual disease in its early stage generally means a minor operation or the use of X-rays or radium.

Radium and X-Rays. — These methods of treatment are of definite usefulness, especially in certain types of superficial cancer, such as those which appear on the skin. In some cases they are of use following an operation. They are also a recognized treatment for cancer which has gone so far that it can not be operated upon. In an increasing group of cases in which the cancer is comparatively inaccessible, or in which there is some contraindication to operation, radium is being used with success.

Only a few doctors have enough radium for proper treatment and only a few know how to administer it safely.

Fake Cures and Quacks. — Every "cancer cure" advertisement is a swindle, and the use of valueless medicines and preparations means waste of money and time. Testimonials of advertising "specialists" and "institutes" are either fabrications or are based, in all probability, on the removal of conditions which were not cancer at all.

Again — Diphtheria

Many inquiries have been received recently by the state department of health concerning the Schick test and the administration of toxin-antitoxin. The purpose of the Schick test is merely to determine whether or not a person is susceptible to diphtheria. Many people have in their blood sufficient antitoxin to render them immune. Nursing infants have a high degree of immunity due, apparently, to some protective substance in mother's milk; but immediately after being weened children develop a high degree of susceptibility to diphtheria. Between the ages of one and two years nearly 80% of children are liable to contract the disease. The highest percentage of diphtheria deaths occurs in children between the ages of two and ten years. Beginning with infancy the blood of most people gradually develops certain antibodies which resist the attacks of diphtheria germs. This resistance increases yearly, and by the time adult life is reached about 85% of all people are immune to the disease.

By the use of the Schick test it can be shown whether or not a child may contract diphtheria. The test is simple, harmless and inexpensive. The material used costs less than five cents per test. The test consists of the injection of a few drops of diphtheria toxin between the layers of the skin of the arm. If a characteristic red spot appears at the site of injection within forty-eight hours, the test is declared positive, which indicates that the person is liable to contract diphtheria. If no redness appears, the test is said to be negative, which means that the subject already has in his blood sufficient protective antibodies to render him immune to the disease. Diphtheria toxin is a poison produced by diphtheria germs, and it is obtained by growing the bacteria in broth for a certain length of time, after which they are killed by carbolic acid and prepared for use in the Schick test.

Diphtheria toxin should not be confused with antitoxin or toxin-antitoxin. Antitoxin is the serum injected into a person afflicted with diphtheria. Its purpose is to neutralize the poison produced by diphtheria germs. It is also used to furnish temporary immunity to persons exposed to the disease. Before the antitoxin was discovered, more than one-third of all cases of diphtheria terminated fatally. The disease is now fatal in about one case out of every ten, but it is almost never fatal when antitoxin is administered early enough and in a single, sufficiently large dose. In advanced cases the antitoxin should be injected directly into the veins and not merely under the skin.

For protective purposes the use of antitoxin furnishes a quick but passive immunity, which lasts only a few weeks. Probably permanent immunity may be secured, however, by the use of toxin-antitoxin, which is a serum produced by combining diphtheria toxin with antitoxin. It is administered in three doses, a week apart. The treatment is harmless. In a certain percentage of cases it results in redness, slight swelling and tenderness of the arm and a mild rise of temperature; but these symptoms, when they occur at all, generally disappear within 48 hours. It requires 8 to 12 weeks, after the administration of toxin antitoxin before immunity is established.

Parents can protect their children against diphtheria by having the Schick test made to determine their susceptibility and by having them immunized with toxin-antitoxin when the Schick test shows that they are not immune.

This information should be given careful thought by all health officers, physicians, parents and teachers.

Monthly Statistics

October — For Five Years

CONNECTICUT	**1915**	**1916**	**1917**	**1918**	**1919**
BIRTHS,	2741	2881	3017	3367	3037
Birth Rate,	26.4	26.7	26.7	28.6	24.8
MARRIAGES,	1388	1571	1278	816	1517
Marriage Rate,	13.4	14.5	11.3	6.9	12.4
DEATHS,	1388	1409	1500	7518	1271
Death Rate,	13.4	13.0	13.2	63.9	10.4
COMMUNICABLE DISEASES,* DEATHS,	172	189	185	5428	169
Per Cent to Total Deaths,	12.6	13.4	12.3	72.2	13.2
DEATHS UNDER 1 YEAR,	295	265	277	592	216
Rate per 1,000 Births,	110.9	97.1	96.3	189.1	69.7

1918 and 1919 rates computed on population determined by school censuses, which increase the population 10 per cent. over that obtained by the U. S. Census method.

*** Influenza Included**

Laboratory Statistics — October, 1919

Diagnostic Division

	Pos.	*Neg.*	*Doubt.*	*Total*
Typhoid,	19	48	6	73
Paratyphoid A,	0	72	1	73
Paratyphoid B,	10	57	6	73
Diphtheria:				
Diagnosis,	163	391	0	554
Release,	118	302	0	420
Diphtheria carriers,				
Diagnosis,	14	1101	0	1115
Release,	2	76	0	78
Diphtheria virulence,	7	12	1	20
Tuberculosis,	81	98	0	179
Syphilis,	169	617	89	875
Gonorrhoea,	16	67	0	83
Glanders,	0	1	0	1
Pneumonia:				1
Type 1,	0	0	0	0
Type 2,	0	0	0	0
Type 3,	0	0	0	0
Type 4,	1	0	0	0
Malaria,	0	3	0	3
Rabies,	0	0	0	0
Feces for Typhoid,	0	1	0	1
Special,	1	0	0	1
Totals,	601	2846	103	3550

Chemical Division

Water	110
Sewage,	3
Milk,	116
Total,	229

Special Division

Bacterial and Biochemical	71
Sewage and Trade Wastes	86
Microscopic	16
Sand	25
	198
Total all Laboratories	3977

October, 1919	Population	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Meningitis Cerebro-Spinal	Poliomyelitis	Tuberculosis	Pneumonia Lobar	Other Com. Diseases
State Total	**1,464,360**	**68**	**327**	**320**	**77^{+}**	**548**	**1**	**2**	**214**	**9**	**490**
NEW HAVEN CO.		34	191	118	17	197	....	2	66	1	146
New Haven	168,132	14	60	34	10	65	....	1	24	....	87
Waterbury	107,151	6	16	28	....	71	....	....	27	....	22
Meriden (city and town)	32,800	2	1	16	4	13	....	....	3	....	14
Ansonia	17,459	....	....	4	....	....	....	....	3	....	5
Orange (inc. West Haven)	17,206	....	4	3	....	2	....	....	2	....	2
Naugatuck	13,714	....	1	7	....	2	....	....	....	....	4
Wallingford (town and boro)	11,916	2	....	16	....	22	....	1	1	....	1
Milford	11,095	....	46	3	....	1	....	....	2	....	1
Derby	10,302	....	....	....	2	7	....	....	1	....	....
Hamden	9,952	....	13	1	1	2	....	....	....	....	3
Branford (town and boro)	7,134	....	....	....	....	8	....	....	2	....	3
Seymour	6,853	....	31	1	....	....	....	....	....	....	....
Towns under 5,000	25,077	10	19	5	....	4	....	....	1	1	4
FAIRFIELD CO.		2	100	35	7	172	....	....	44	1	136
Bridgeport	157,238	1	76	11	1	90	....	....	13	....	43
Stamford (city and town)	43,428	....	21	4	....	20	....	....	6	....	8
Norwalk	29,100	1	....	....	2	....	....	....	6	....	2
Danbury (city and town)	28,154	....	....	5	....	8	....	....	5	....	2
Greenwich (town and boro)	18,779	....	....	2	....	....	....	....	6	....	56
Stratford	14,384	....	1	....	....	16	....	....	1	....	1
Fairfield	12,187	....	1	2	1	15	....	....	1	....	....
Shelton	9,222	....	....	2	....	10	....	....	1	....	3
Darien	8,764	....	....	3	....	4	....	....	1	....	....
Westport	5,359	....	....	5	....	6	....	....	1	....	18
Towns under 5,000	25,867	....	1	1	3	3	....	....	3	....	3
HARTFORD CO.		14	8	99	31	94	....	....	63	2	132
Hartford	134,155	5	4	48	18	33	....	....	31	1	83
New Britain	61,051	2	2	23	7	18	....	....	10	1	24
Bristol (city and town)	19,777	....	1	4	....	19	....	....	1	....	1
Manchester	19,590	1	....	13	....	3	....	....	5	....	5
Enfield	12,311	2	....	1	....	1	....	....	3	....	1
East Hartford	11,331	....	....	....	....	1	....	....	1	....	....
Southington (town and boro)	9,867	....	....	1	....	4	....	....	2	....	3
West Hartford	7,685	....	....	1	4	2	....	....	1	....	....
Windsor	6,808	2	....	....	....	....	....	....	....	....	2
Glastonbury	6,608	....	1	....	....	5	....	....	....	....	2
Berlin	5,562	....	....	1	1	....	....	....	1	....	....
Towns under 5,000	49,950	2	....	7	1	8	....	....	8	....	11
NEW LONDON CO.		2	1	5	15	47	....	....	16	2	29
Norwich (city and town)	30,040	....	....	....	....	14	....	....	3	....	3
New London	27,669	2	1	3	6	10	....	....	2	....	6
Stonington (town and boro)	11,006	....	....	....	1	10	....	....	....	....	9
Groton (town and boro)	7,822	....	....	....	....	2	....	....	1	....	9
Towns under 5,000	30,436	....	....	2	8	1	....	....	10	2	2
LITCHFIELD CO.		7	21^{+}	41	3	12	....	....	5	1	15
Torrington (town and boro)	22,693	....	....	2	....	4	....	....	....	....	2
Winchester (inc. Winsted)	9,789	....	....	1	2	....	....	....	....	....	....
Plymouth	7,234	3	15 +	28	....	....	....	....	2	....	....
Watertown	6,562	1	2	3	....	3	....	....	2	....	8
New Milford	5,156	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	31,555	3	4	7	1	5	....	....	1	1	5
WINDHAM CO.		4	5	4	4 +	15	1	....	8	1	16
Windham (inc. Willimantic)	14,194	1	....	3	....	4	....	....	....	....	1
Putnam (city and town)	8,870	1	....	....	....	....	....	....	2	....	....
Plainfield	8,344	....	3	....	3	2	....	....	1	....	3
Killingly (inc. Danielson)	7,736	1	2	1	+ +	1	....	....	....	....	4
Towns under 5,000	15,187	1	....	...	1	8	1	....	5	1	8
MIDDLESEX CO.		4	1	3	....	3	....	....	7	1	15
Middletown (city and town)	27,980	4	....	1	....	2	....	....	1	....	12
Towns under 5,000	26,941	....	1	2	....	1	....	...	6	1	4
TOLLAND CO.		1	....	15	....	8	....	....	5	....	4
Vernon (inc. Rockville)	8,889	....	....	15	....	5	....	....	1	....	1
Stafford (town and boro)	6,207	....	....	....	....	....	....	....	....	....	....
Towns under 5,000	14,082	1	....	....	....	3	....	....	4	....	3

October 1919	Population Based on School Census of 1918	TOTALS				DEATH RATES			AGE GROUPS		
		Births	Still Births	Marriages	Deaths	All Causes (per 1,000 population)	Tuberculosis (per 1,000 population)	Children under 1 year (per 1,000 births)	Under 1 year	1 to 5 years	65 years and over
State of Connecticut	1,464,360	3037	97	1517	1271	10.4	0.86	69.7	216	81	390
Ansonia	17,459	52	1	10	15	10.3	.....	131.6	6	2	2
Berlin	5,562	10	....	4	4	8.6	.....	123.7	1	....	1
Branford	7,134	8	2	6	4	6.7	.....	100.8	1	....	1
Bridgeport	157,238	382	16	143	130	9.9	1.06	53.7	22	10	25
Bristol	19,777	48	3	27	10	6.0	1.21	42.9	2	....	4
Danbury	28,154	40	3	29	37	15.7	1.70	149.0	6	....	13
Darien	8,764	6	....	1	12	16.4	1.36	210.5	1	....	9
Derby	10,302	53	1	16	17	19.8	1.16	89.0	4	1	3
East Hartford	11,331	12	....	5	5	5.2	2.11	.....	....	1	1
Enfield	12,311	29	1	11	7	6.8	0.97	62.6	2	1	1
Fairfield	12,187	20	....	8	10	9.8	.....	104.8	2	1	2
Glastonbury	6,608	9	....	6	4	7.2	1.81	108.1	1	....	2
Greenwich	18,779	39	1	49	20	12.7	1.91	118.1	5	....	6
Groton	7,822	29	....	4	6	9.2	.....	.....	....	....	6
Hamden	9,952	15	....	6	3	3.6	.....	.....	....	....	1
Hartford	134,155	366	7	173	140	12.5	1.25	61.2	22	8	37
Killingly	7,736	13	1	11	9	13.9	4.65	118.8	2	....	3
Manchester	19,590	46	....	25	7	4.2	1.22	89.1	3	....	1
Meriden	32,800	73	2	35	29	10.6	0.73	13.6	1	2	10
Middletown	27,980	44	....	22	26	11.1	1.28	76.8	4	....	9
Milford	11,095	13	....	21	8	8.6	.....	60.6	1	....	6
Naugatuck	13,714	27	....	12	10	8.7	0.87	73.3	2	....	2
New Britain	61,051	179	2	66	57	11.2	0.39	91.7	16	6	9
New Haven	168,132	386	12	227	168	11.9	0.85	49.3	20	10	53
New London	27,669	52	5	42	17	7.3	1.30	64.2	4	....	5
New Milford	5,156	9	....	5	2	4.6	.....	160.0	1	....	1
Norwalk	29,100	46	1	41	18	7.4	0.41	64.9	3	2	7
Norwich	30,040	72	2	33	40	15.9	0.39	92.3	6	1	12
Orange	17,206	20	2	10	12	8.3	.....	74.3	2	....	6
Plainfield	8,344	21	2	11	6	8.6	.....	264.7	3	1	1
Plymouth	7,234	16	....	2	4	6.6	.....	176.4	2	....	1
Putnam	8,870	15	....	12	7	9.4	.....	219.1	4	....	2
Seymour	6,853	17	2	4	2	3.5	.....	.....	....	....	1
Shelton	9,222	15	1	11	13	16.9	.....	.....	....	2	2
Southington	9,867	24	1	9	12	14.5	1.21	166.6	3	1	5
Stafford	6,207	9	....	2	2	3.8	.....	.....	....	....	2
Stamford	43,428	89	2	42	45	12.4	0.27	61.1	6	5	12
Stonington	11,006	22	1	16	12	13.0	1.09	105.2	2	....	5
Stratford	14,384	21	....	5	11	9.1	0.83	86.0	2	1	5
Torrington	22,693	50	2	22	11	5.8	0.52	19.1	1	....	4
Vernon	8,889	7	....	16	6	8.0	.....	76.9	1	....	3
Wallingford	11,916	21	2	6	9	9.0	.....	46.1	1	....	1
Waterbury	107,151	236	9	94	78	8.7	1.11	91.7	23	8	11
Watertown	6,562	11	2	3	5	9.1	.....	.....	....	....	3
West Hartford	7,685	13	....	3	7	10.9	.....	219.5	3	1	2
Westport	5,359	4	....	3	8	17.9	.....	.....	....	2	3
Winchester	9,789	15	....	15	9	11.0	1.22	.....	....	....	3
Windham	14,194	37	....	12	16	13.5	0.84	143.8	5	....	7
Windsor	6,808	7	....	8	2	3.5	.....	133.3	1	....	....
Towns under 5,000	219,095	289	11	173	179	9.8	0.65	66.6	19	15	79

DEATHS FROM IMPORTANT CAUSES																		
Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Tuberculosis—Pulmonary	Other Forms Tuberculosis	Cancer	Meningitis Cerebro-Spinal	Poliomyelitis	Pneumonia — All Forms	Diarrhoea and Enteritis under 2	Puerperal Diseases	Accident	Suicide	Homicide	Institutional Deaths	Non-resident Deaths
15	3	2	2	28	9	105	20	101	3	2	73	67	20	73	10	2	409	189
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1	...	...	...	...	...	3	...	3	1	...	2	1	1	2	...	...	12	6
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1	...	2	...	2	...	10	3	12	...	...	12	5	3	9	...	...	85	33
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2	...	...	...	...	...	7	5	18	...	1	18	2	4	8	...	...	64	13
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1	...	...	...	...	...	...	...	4	...	...	1	2	...	...	...	...	6	2
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3	...	...	1	4	...	19	1	15	...	...	11	6	...	9	2	...	27	45

Cancer Statistics

Complete returns of cancer mortality are available only for the registration area of the United States, which, however, includes approximately 70 per cent. of the total population. On the basis of this information it is conservatively estimated that the mortality from cancer in the entire continental United States at the present time is approximately 90,000 per annum. According to sex, the mortality by principal organs or parts affected, based on the figures for 1914, is as follows:

	Males	*Females*	*Total*
Buccal cavity	2,725	570	3,295
Stomach and liver	15,787	15,056	30,843
Peritoneum, intestines, rectum	4,544	6,027	10,571
Female generative organs	....	11,965	11,965
Female breast	....	7,771	7,771
Skin	1,982	1,098	3,080
Others	7,838	4,637	12,475
All forms	**32,876**	**47,124**	**80,000**

Barker